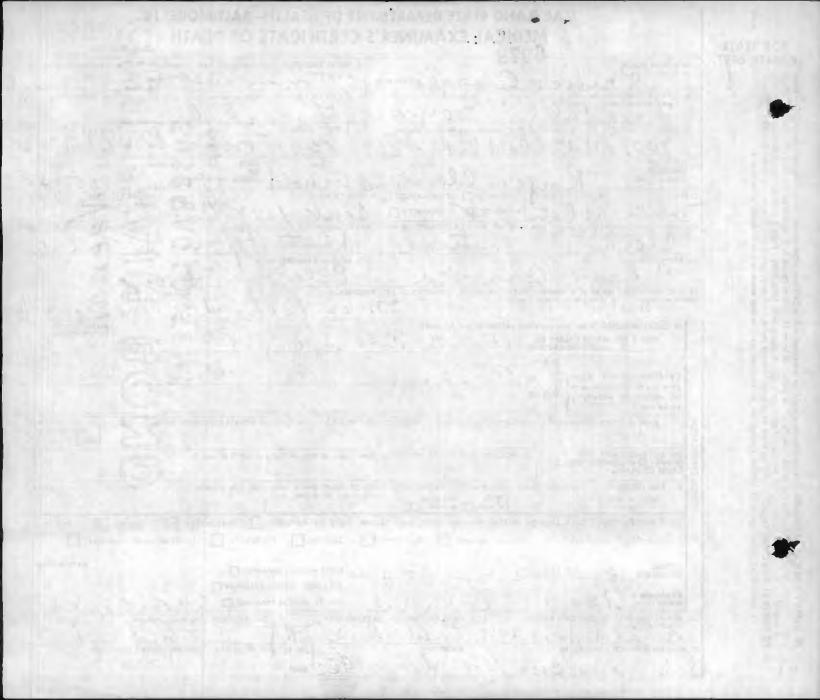
O NOVILAL OR A MUNIC TRIVICIAN: The law requires that the death certificate be executed within 24 hours other decirin. Page 4		tar.	page 3 should be defacted for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	
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VE A15 (4) 15M 10/57

	A - 1-	STATE DEPARTM	ENT OF HEALT	H-BALTIMO	ORE, 18			
L	501	CERTIFICA	ATE OF DEAT	Н	Reg. D	ist. NO	5987	7
1.	PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. b.	If institution: Reside	nce before	odmission)	10
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limi	ils, write RURAL and	give neare		0
10	havarly, Md	2 Days	Hyattsvil					
-	d. NAME OF HOSPITAL (If not in hospitot, give street or institution Prince George General	address)	d. STREET ADDRESS		,		IS RESIDEN ON A FAR YES NO	WS.
3.	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day	Year	
L	(Type or print) Mary	Allen		DEATH	May 8		195	-
5.	Female 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH 5-16-02		(In years IF UNDE birthday) Months	Doys h		HRS.
10	a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU		e or foreign country)	12. C	ITIZEN OF	WHAT COL	INTR
	during most of working life, even if retired) HOUSEWITE	wn home	Marylan	d	U	SA		
13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
	John M Mc Car	thy	Mary J. C	lements				
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (as no, or unknown) (If yes, give wor or dates of service)		NFORMANT 'rank H Alle	n Hyatt	Address Sville M	d.		
	PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost. (c)	2 deno e	Cercum	A the	asla	27		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE COND	ITION GIVEN IN PA		WAS AUTO PERFORMED ES NO	D?
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of ite	em 18.)			
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, I Hour o. m. 19 While of wor	Not white for	ACE OF INJURY (Home, far ctory, street, office bidg., et	m, 20f. (City or town	1)	(County)	(S	State)
	21. I certify that I attended the decease alive an May SHC , 195 ACTUAL SIGNATURE TO ACTUAL SIGNATURE	4.00	, 19 7, 1a / accurred at 10:5	5AM, from the c	causes and on	last saw the date		bav
	PHYSICIAN'S NAME (Type) De T Baren							
22	REMOVAL (Specify) Burial May 10, 19	22c. NAME OF CEMETERY O	R CREMATORY 11 Cemetery	22d LOCATION (C	ity, town, or county)		(Stote)	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			24b. REGISTRAR'S S	IGNATURE	0	
	F. Gasch's Sons H	yattsville, M		MAY 1 2 '58	and.	mel		
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vide	MA.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
STA TH.D			MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05988
(1	EFI.	1,	PLACE OF DEATH O. COUNTY O. STATE D. B. COUNTY D. COUNTY
1	180	_	Truck Georgianian market france Goras
-			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
		-	J. NAME OF HOSPITAL OR INSTITUTION AIPPOI in hospital give street address) d. STREET ADDRESS
	00		800 marlbord File DE 1800 marlboro Pikes NO TO
			NAME OF DECEASED (Type or print) Residue Cleveland Carnele Death Seath 525958
		5. 5	The state of the s
	-		male White WIDOWED DIVORCED 1 Sept 1892 65 yrs. Months Doys Hours Min.
		100	12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. SETUPLACE (Stote or foreign country) 15. CITIZEN OF WHAT COUNTRY? 16. Stote of working life, even il retired)
	-/	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
			Edgar Cornold Ella mon + rece
		15. §Yer	WAS DECEASED (EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
			mary lichardson, meadows, h
			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cute Congestion to any facilities
			442X DUE TO
			Gooditions, if ony, which gove rise to immediate cause (all 2060)
			(e), stoling the underlying DUE TO
		7	course feet. (c)
	0	POL	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
		5	20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
		CERTIF	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
		3	20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
		MEDI	Hour e. m. While Not while foctory, street, office bldg., efc.] p. m. 119 of work of work
			21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
			opinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
			ACTUAL SIGNATURE MAD CHIEF MEDICAL EXAMINER DATE SIGNED
	5		EXAMINER'S ASSISTANT MEDICAL EXAMINER
	de	-	NAME (Type) / A M CS & MOVE DEPUTY MEDICAL EXAMINER D MAY 25, 1950
		220	BURIAL (CREMATION, 226 DATE THEREOF 225, NAME OF CEMPTERY OF CREMATORY 22d, LOCATION (City, town, or country) (Sente)
	n	23	Bural May 28 - S Color I dell Condition Similar My Sullar May 1 ADDRESS . A 240 RECUSTRAR 245 REGISTRAR 3 SIGNATURE
	260	6	1/6/- ad bloss 800 - My 27 58 1882 chuch
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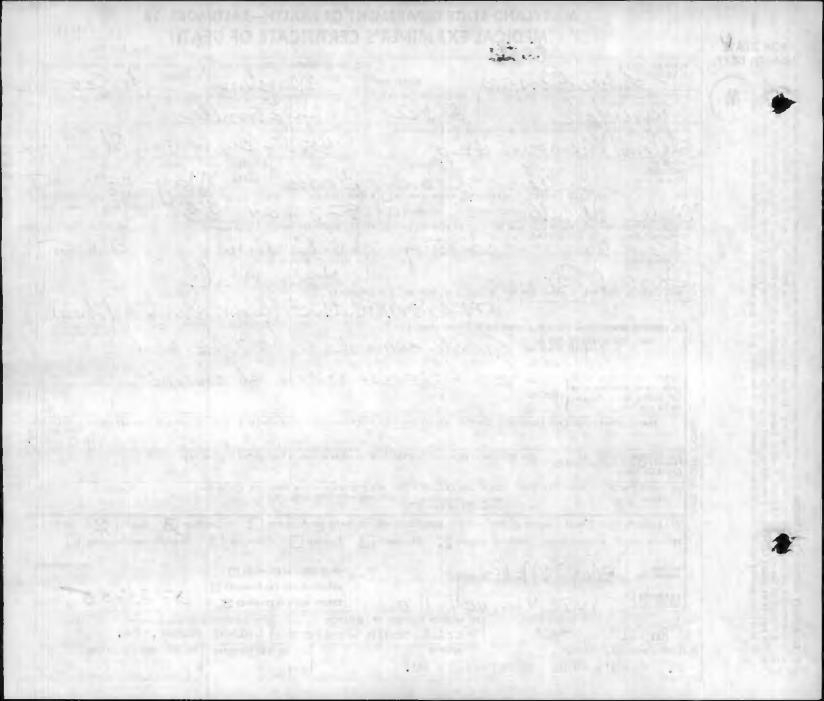
- 1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
	PRINCE GEORGES MARYLAND	b. COUNTY
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
/	Andrews A.F. Base 8 DAY'S	Washington, D. C. 47x.3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
L	1001 ST USAF HOSPITAL	47 SEATON PL. N.W. YES NO ME
3.	3. NAME OF First Middle DECEASED (Type or print) CELESTINE	BARINO OF DEATH MAY 19 19 58
	1- EM NEG WIDOWED DIVORCED	DATE OF BIRTH JUNE 2, 1914 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) DOMESTIC WORK PRIVATE HOM.	
) 13	CHARLIE HOWARD	14. MOTHER'S MAIDEN NAME KATIE UNKNOWN
19		FORMANT JOHNNY BARINO Address SON T SEATON PL N.W. WASH D.C.
NO	Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse lost. DUE TO (b) HYPERTENSIVE (c) CHRONIC PYEL	MPENSATION E CARDIOVASCULAR DISEASE 6 MO. ONE PHRITIS INTERVALS UNKNOWN NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TIPICATI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. ft. Hour e. ft. 19	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from MAY 12 alive on MAY 19, 19 58 and that death of actual signature of the signa	nocurred at 1015 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, stole) MAY 19, SOATE SIGNED 1.D. APPONEUS A.F.B.; Wash 85, D.C. MC) 100157 USAF Hospital.
27	220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR BURIAL Specify) 24 MAY 58 JACKSON	
23	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
-	JOHNSON # JENKINS 4804 GA. AVE. N.W. W	Wash. D.C. DATE MAY 2 3 58 Reconst

19 May 1958: I the undersigned, do hereby certify that
this death was reported to the Medical Examiner, Prince
Georges county (Or J. Boyd) and that said Medical Examiner
authorized movement of remains from Andrews A. F. Base
to Bolling AFBase for purpose of Autopsy and further
outhorized movement of remains to a mortuary of families
enoice. (Johnson & Jenkins Funeral Home in Wash Die)

Registrar

1	7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
OR CT	ATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05990
ALTU I	DEPT.		Reg. Dist. No.
	DEFT.	1.	2. USUAL RESIDENCE (Where deceased lived. If institution: Paydence before admission)
eolth.	-		MARYLAND O. STATE Maryland 6. COUNTY (1. Sep
He	(4)	b	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5			Riverdale 2.8 a 15 tyattomble,
good	99	0	I. NOME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARMY
The B	4.4	-	Leand 11 monar Hosp. 17510 - buenanans 185 NO
Sto			NAME OF DOCEASED (Type or print) ADATE OF Month Doy Year OF ADATE OF
fler		5, 5	Julian Len Jun 11 wy 23 130
with or sr		V	Nale Minite WIDOWED DIVORCED \$ 7 - 04 Tout birthday) Months Days Hours Min.
P 22		10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTIPLACE (State or larging country)
0 n 72	-	10	Julianment of working life, even if refired)
dithi	1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
500		10	Daniel Brance Jela SAN = 00.
ile i		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT,
Off.]Yes	and or enthremo) (If yes, give wor or dates at service) 579-07.9491 Puth & Bonne Service
E.S			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), gad (c).]
pe			PART I. DEATH WAS CAUSED BY: WHITE CONSISTENCE heart to him
onsid			4442X DUE TO DUE TO
-Tro			Conditions, if ony, which I an chowas cular renal descrip
r re			gave rise to immediate couse (a), stating the underlying DUE TO
0 °,			course lost.
6.6		20	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 39. WAS AUTOPSY
em.	0	3	PERFORMED? YES NO NO
9		TE	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)
ario		CERT	CAUSE OF DEATH.
Sno		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State)
0 0		MED	Hour a. m. While Not while rectory, street, ornice blog., etc.)
Pag			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
E E			opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
S S			
Sted Sted			SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
Ignor	5		ASSISTANT MEDICAL EXAMINER []
desi	0		NAME (TYPO) JOHN T- MALONEY, M.D. DEPUTY MEDICAL EXAMINER B. 5-25-58
SE		220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)
00			Burial 5/27/58 Fort Lincoln Cemetery Colmar Manor, Md.
ME	CH	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE
57	D.		F. Gasch's Sons Hyattsville Md. DAYMAY 26 '58 100
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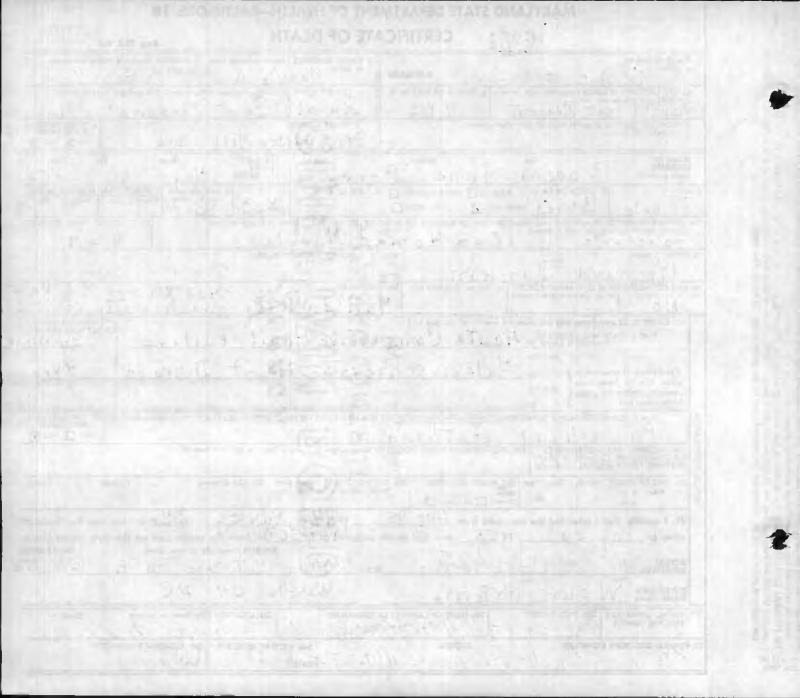
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TO HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH leose exe-should be Reg. Disk No. cremotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY o. STATVirginia b. COUNTY Fairfax Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give regrest lown) Alexandria 16 days Cheverly 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Prince Georges General Hospital ON A FARM? 5801 Maple Street YES NO TO NAME OF Middle DATE Month Day Year 19 58 6, (Type or print) Gilbert Simpson Bigelow DEATH May 5. SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Days Haum 8-26-21 WIDOWED [DIVORCED T Mala Col. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 20 U.S.A. ő puo Automobile Virginia Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Poges | ige 5 m Ulysses S. Bigelow Gertrude Wright 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Silastine Bigelow: 1318 22nd St. N.W. Wash., D.C. 579-18-7681 Give Yes W.W. PM3. rmil. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: Cerebral contusion and conpression form IMMEDIATE CAUSE (a) Hem olong with far DUE TO Conditions, If any, which Intracranial hemorrhage gove rise to Immediate cause DUE TO (a), stating the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' 0 PERFORMED? YES | NOT 20g. EXTERNAL CAUSE WAS PRIMARY OF CAT CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) vord " Lost control of motor cycle and thrown to road. Month, Day, Year O 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or lown) (County) (State) factory, street, office bldg, etc.) ting the ' Not while Glen Dale, Pr. Geo. at work at work Highway Md. Medic 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry X, and find that Accident , Suicide , Hamicide , Undetermined cause death resulted fram: Natural causes 1. to the DIRECTOR DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER [7] **EXAMINERS** cute the NAME (Type) DEPUTY MEDICAL EXAMINER Maloney 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE VS. A15MEI51 5M 9/55

MEDICAL

DEPUTY



TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page

VS A15 (4) 1SM 10/57

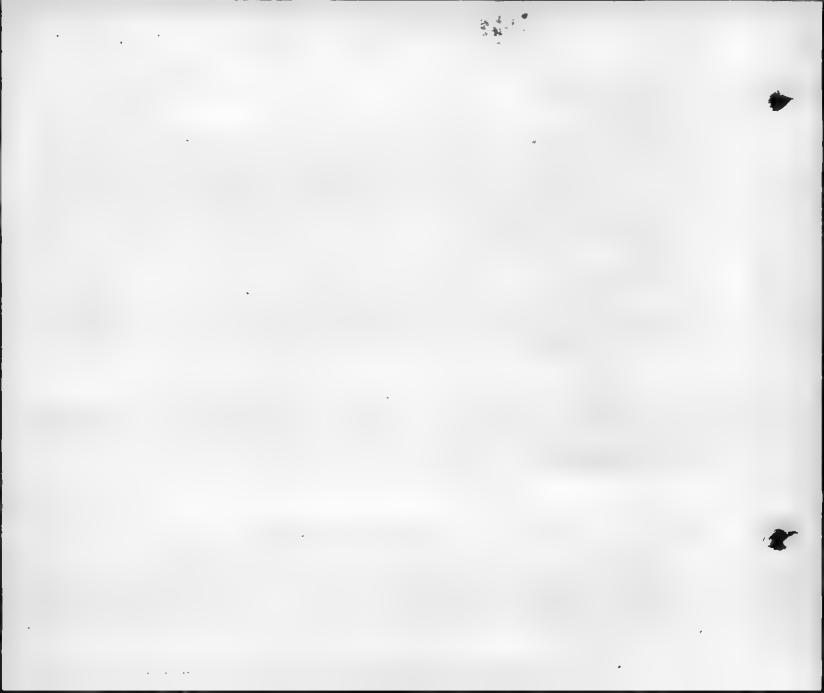
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6013 CERTIFICATE OF DEATH

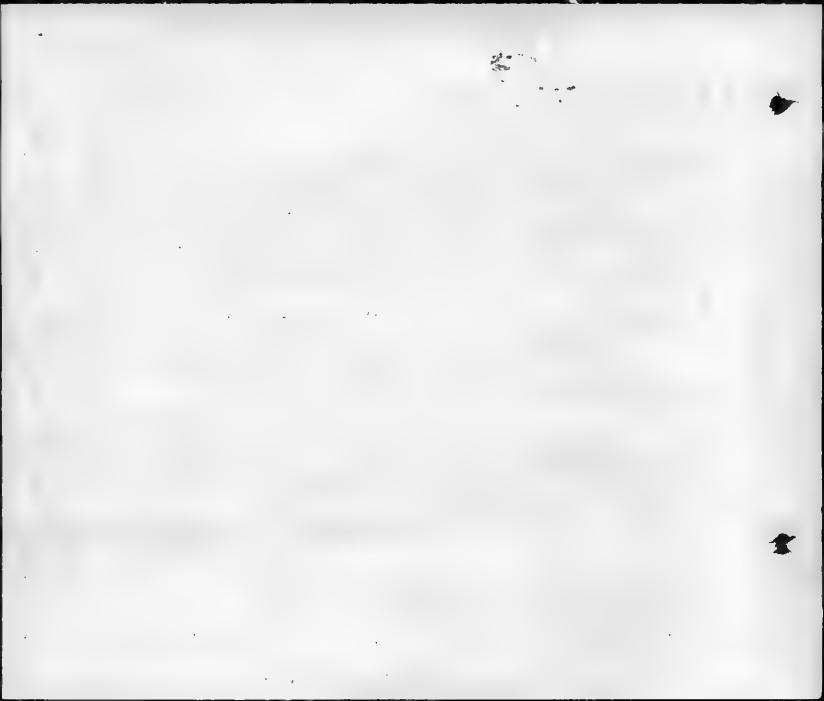
Reg. Dist. No.

05993

	1. PLACE OF DEATH COUNTY Prince	Georges	MARYLAND	2. USUAL RESIDENCE 0. STATE Mary	(Where deceased lived land	. If institution: Reside b. COUNTY Prin		
	b. CITY OR TOWN (If out RURAL and give neares Cheverly	lown)	c. LENGTH OF STAY IN 15		(II outside corporate tir	mits, write RURAL and	l give nearest lown)
	OR INSTITUTION	not in hospital, give street of	,	d STREET ADDRESS		Street		FARM?
	3. NAME OF DECEASED	First	Middle	Losi	4. DATE OF	Month	Day	Yeor
	(Type or print)	William	y .	Boege	DEATH	May		19 58
		COLOR OR RACE 7. MARR	IED 🔀 NEVE MARRIED 🔲	B. DATE OF BIRTH	9. AG	E (In years IF UNDE tourthday) Months	Doys Hours	R 24 HRS
	Male	white whowe	D DIVORCED	13 Aprilt	1888	69 yrs	Duys 110813	791 11
	during mod of working	life, even if retired)	KIND OF BUSINESS OR INDU	Herr	nany		IL, S, C	COUNTRY
	Folian	n t	Boege	Fre di	reka	7		
	17 WAS DECEASED EVER IN (Yes in ocurhnown) (H yes	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	mormant ma	rie Boe	Address a	boo	2_,
	PART I. DEATH V	Enter only one couse per lig	re for (o), (b), and (c)]	a C. France 1	Tropo		INTERVAL BE ONSET AND	
	1012	AEDIATE CAUSE (6)		- 14.		`	3 2	
1	Conditions, if ony, gove rise to imme couse (o), stoting the stying couse tost.	diote	metal.	isis.	goodni	Recetion	2	
1	PANT II. OTHER S		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TI	EEMINAL DISEASE CON	IDITION GIVEN IN PA	RT 1(o) 19 WAS PERFO	RMED?
		NDERLYING TO 205. DESC CAUSE OF DEATH ICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter noture of injury	in Port I or Part II of	item 18.)		
	Y 20c TIME OF INJURY A	Aonth, Day, Year 20d. It While of worl	Not while lo	ACE OF INJURY (Home, story, street, office bldg.,	form, 20f. (City or to	wn)	(County)	(Stote)
		ottended the decease		, 19 <u>5</u> ff., to_		, 1977,thot I		
	olive on	125	ond that deoth	occurred at 1,2	ADDRESS (Street, c			ed above
	SIGNATURE NO CO	e Achiva	anguard .	M.D	(worl.	100	******	
	NAME (Type)	VELOCHV	VARIZIL-a	CH	<u></u>	0,0,6		
	3 REMOVAL (Specify)	576/58	Forh L	R CREMATORY	Crema	City. town or county	cor, Si	cd.
	23. FUNERAL DIRECTOR'S SIG	GNATURE	al Home	7 -	NAY 8 '58	245 REGISTRAR'S S	HUCK	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5914 tem CERTIFICATE OF DEATH Reg. Dist. No. 05994 PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admiration) COUNTY h COUNTY MARYLAND CITY OR TOWN (If autside corporate limits, w c. LENGTH OF STAY IN 16 CITY OF TOWN M potside corporate limits, write RURAL and give negrest town RURAL and give negrest towns d. NAME OF HOSPITAD (times in hospital, give Areet address) A STREET ADDRE e. IS RESIDENCE OR INSTITUTION YES INO I NAME OF First Middle DATE Month Year DECEASED (Type or print) DEATH 10-5 9. AGE (in years last) building) yrs. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH Months Days Hours WIDOWED 5% DIVORCED [7] popers. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. RIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME A-MOTHER'S MAIDEN NAME 15. WAS DECLASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address more 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ! gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO Z 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. n. factory, street, affice bldg . etc.) While Not while of work of work 21. I certify that I attended the deceased from. 19.5 that I last saw the deceased and that death occurred at Co alive on M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE PHYSICIAN'S/ NAME (Type)_ 226. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 15M 9/55



FOR STATE HEALTH DEPT.

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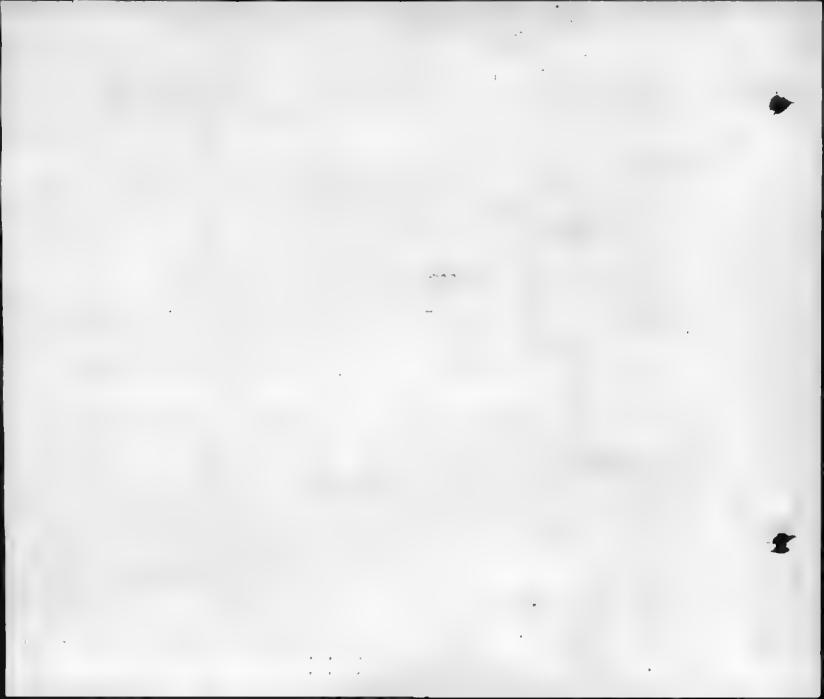
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

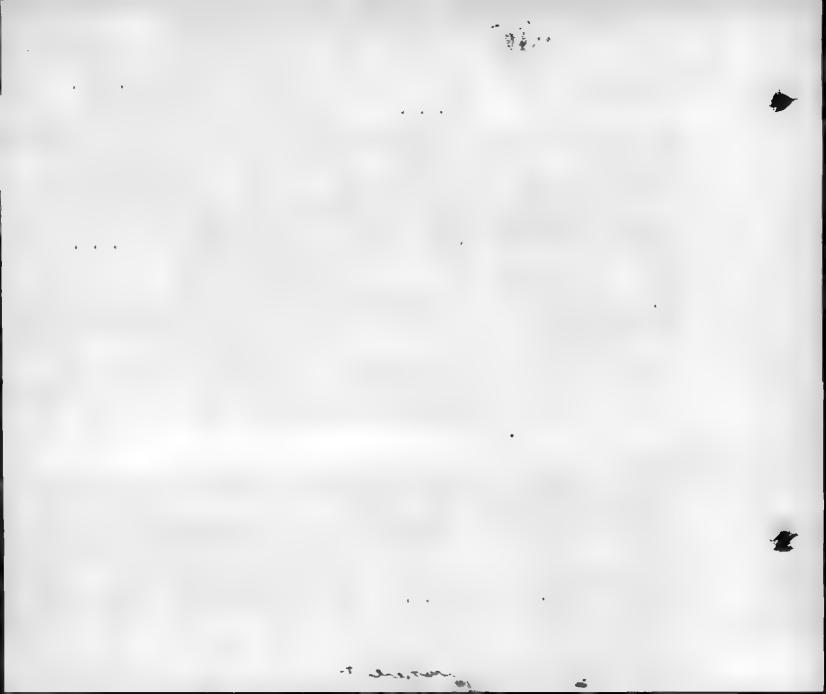
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neg.	DIST.	i.dof.l.	U	V	21	z

ĺ	PLACE OF DEATH			2 USUAL RESIDENCE	(Where deceased	lived If institution	Residence before	admiss on)
	n COUNTY	George's	MARYLAND	- CTATE DE	ryland			George'
N	b CITY OR TOWN It outside corporate		c LENGTH OF STAY IN 16			rate limits, write RLRA		-
4	Hillside			× Hills	side			
ı	d. NAME OF HOSPITAL OR INSTITU	JT ON (If not in hospi	ital, give street address)	d STREET ADDRES	S		· ·	IS RESID A F
	1207_54th	Avenue	Angelon - Maring and Bengalan - and any and any	/ 1207	54th A	venue_		ON A FARM?
	3 NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day	Year
1		rence	the same of the sa	randenbur		May	15	1958
ı	5. SEX 6 COLOR O	R RACE 7 MARRIED	NEVER MARRIED [] 8.		_	fort birthday1	NDER TYEAR IF L	
-	Male_Whit			July 12,	1907	50 yrs. 1	Days Had	Drs Mill
	10a USUAL OCCUPATION (Give kind during most of working life, even if	of work done 10b Kill retired)	ND OF BUSINESS OF INDUST				7. CITIZEN OF WE	HAT COUNTRY?
	Laborer		Skilled	Distr	cict of	Columbia	a U.S	. A.
	13. FATHER'S NAME			14 MOTHER'S MAIDE	N NAME		- 44	
)	Clarence M	arshall	Bradenburg	Estell	a May	White		
	15. WAS DECEASED EVER IN U. S. AR		OCIAL SECURITY NO 17. IN	FORMANT		Address	- Annual Control of the Control of t	
ı	tes ita	5	77-09-6145 M	rs Janet	Brande:	nburg,	same as	; # 2
	18 CAUSE OF DEATH [Enter only	one couse per line fo			An and from		INTERVAL S	ETWEEN
	PART I. DEATH WAS CAUSE IMMEDIATE C	ED SY: AC	ute congest	ive heart	failu	re	ONSET AND	DEATH
	111, 25 0	DUE TO						
ı	Conditions, if any, which)		rdiovascula	r renal d	lisease			
	gave rise to immediate cause	DUE TO						
	(a), staling the underlying cause last.	(c)						
1	Z PART H. OTHER SIGNIFICA		NTRIBUT NG TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVEN IN	PART 1(a) 19, W	AS AUTOPSY
ı	N N N N N N N N N N N N N N N N N N N						PE YES [REFORMED?
	200. EXTERNAL CAUSE WAS	70b DESCRIBE	HOW INJURY OCCURRED (E	ter nature of injury in	Part I ar Part II of	stem 16.1	17.5	
ı	PART H. OTHER SIGNIFICA 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING C CAUSE OF DEATH.			,,,,				
1		Day, Year 20d. IN	NURY OCCURRED 200 PLAC	E OF INJURY (Home, fo	orm, i 20f (City o	r lown)	(County)	(State)
1	20c. TIME OF INJURY Month, Hour a. m.	While	Not while facto	ry, street, office bldg.,	elc.)		,	,,
	21. I certify that I taak			e held on Auto	nav 🔲 Ine	mantian III Ia	:X7X1	and to
1		~		-		-	nquiry-_A,	and in my
	opinion death resulted from	om: Natural co	Accident [Suicide [],	namiciae [Undetermin	ied manner L	
1	ACTUAL	. / 9	115	CHIEF MENICAL	EVALUATED T		DA	TE SIGNED
	SIGNATURE CA 1.1	127	1 402	D. CHIEF MEDICAL				
	EXAMINER'S TOTAL	I. Boyd	V	-	DICAL EXAMINER		15. 19	158
			the first themselves are as an arrangement		AL EXAMINER [X]			
	220. BURIAL CREMATION, 276 DATE	EL /CO	22c NAME OF CEMETERY OR			ON (City, fown, or cou	,	Stale)
	burial 5/1	1/50	Washington	D4 01	Prince	e Georges	Count	y., 11d.
		Campan	2901 14th St		EC'D BY REGISTRA			
	The S.H. Hines	Company	Washington 9	D. C. DATE	MAI 13	A Chour	editt "	

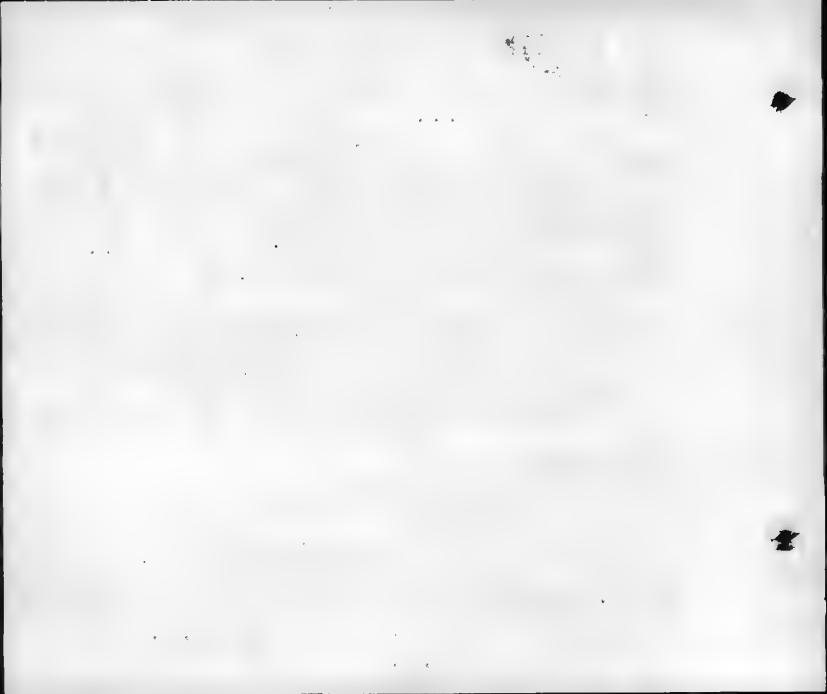
TO DEPUTY MEDICAL EXAMINER: This certifinate should be executed within 24 hours ofter death. If any delay is necessary execute the certificate writing the word "pending" is pendi in Item 18. Give Pages 1, 2, and 3 to the funeral directive should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTUR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of a ris designated agent, prior to burial, crematian, or removal, and is any expertagilish 72 hours after death. VS A15ME 5M 2 57



O DEPUTY



TO HOSPITAL



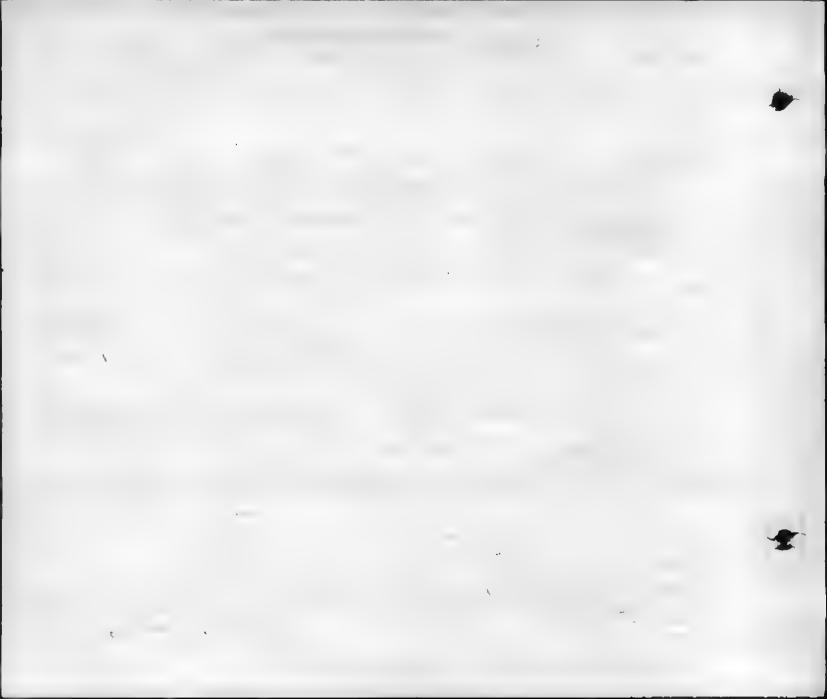
05998 Item 7. Film G229. CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a COUNTY o. STATE b. COUNTY filed MARYLAND Marriland Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest town) Prince Georges
City OR IOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Days Hvattsville. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION YES NO DO Prince Georges General 1:308 Hamilton St. Middle 4. DATE 3. NAME OF First Lost Month Dov Year filled DECEASED **GF** William DEATH Sydney May 1 19 (Type or print) Carroll IF LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE fln years 5. SEX lost birthday] Months Dovs Min. Hours Male White WIDOWED | DIVORCED T an papers. 12 CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) S and ban Salesman Alectrical supplies 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Sydney Earroll Sr Mina Espey physicic 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address Hyattsville Md. Mina Carroll attending INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per line, for (o), (b), and (c),), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH 20e. PLACE OF INJURY !Home form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) While Hour o. m. Not while of work of work p. m. 21. I certify that I attended the deceased framthat I last saw the deceased and that death accurred at 11:52PM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DIRECT ACTUAL 5 2 FUNERAL DI PHYSICIAN'S NAME (Type) Dro Agron Deits 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City town, or county) (Stote) REMOVAL (Specify) Arlington National Burial Arlington Virginia O 240. RECID BY REGISTRAR 246 REGISTRÁR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Hyattsville, Md. VS A15 (4) F. Gasch's Sons 4-18-lauce DATE 15M 10/57

haurs ofter



CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND 5-2010R5 e. LENGTH OF STAY IN 16 CITY OR TOWN IIf outside corporale limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town) day 5 Irendale e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION YES TO NO TO Eugene heland 12moniai 4. DATE NAME OF First Middle Month Year DECEASED DEATH 1958 (Type or print) May 62 2.12 m 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 5. SEX last birthday) Months Doys WIDOWED [DIVORCED [12. CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or foreign country) during most of working life, even if retired)
Housewile Virginia 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician DUSIA 4118 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Buipu 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH otte ā PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** -84 ģ Canditians, if any, which signed it perput gove rise to immediate DUE TO cause (a), sloting the underlying cause last. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, , 20f. (City or lown) 20d INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Haur g. m. While Not while at work T at work 21. I certify that I attended the deceased from that I last saw the deceased alive on that death occurred at M. from the causes and on the date stated above. DATE SIGNED DIRECT ACTUAL SIGNATURE př 9 PHYSICIAN'S NAME (Type) FUNERAL 220. BURIAL, EREMATION, -226. DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (Stole) 日本の日本に いかるは Homestead Vа County 0 2901-14 = 246 AREGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24a集集的D BY 概EGISTRAR " louler VS A15 (4) 15M 9/55

requires that the



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and completely filled in by the fipage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papem. Pages 1 and 2 shauld the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

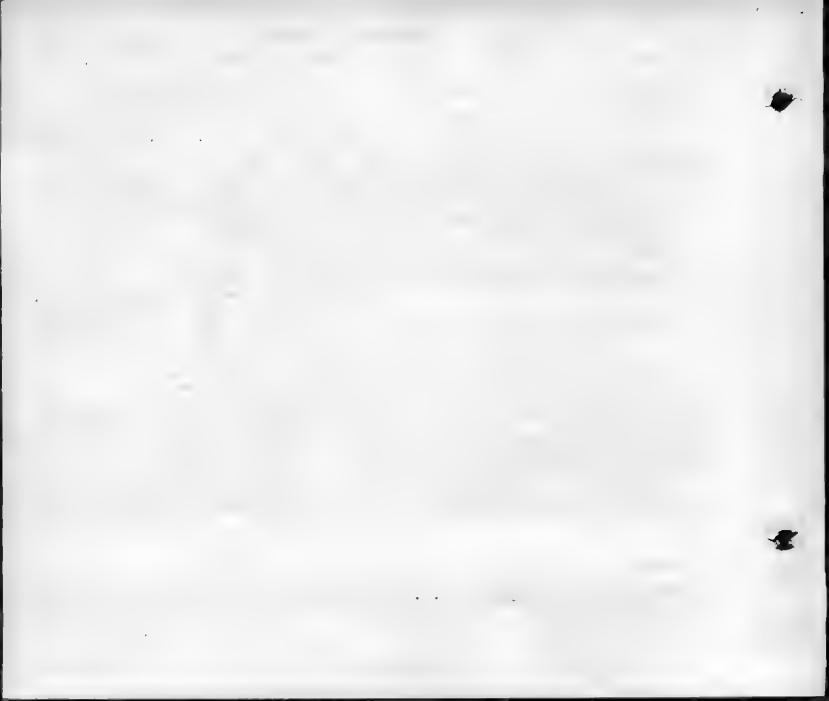
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06000

5987	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY PRINCE GOERGES MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b HY ATTENDED TO STAY IN 1b	c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) WASHINGTON
d NAME OF HOSPITAL (If not in hospital, give street address) CARROTTION MANOR REST HOME	d. STREET ADDRESS 2126 CONN. AVENUE, N.W. on a farmy yes in note
	CHANCELLOR 4. DATE Month Day Year DEATH MAY 8 19 58
FEMALE WHITE WIDOWED DIVORCED	8 DATE OF BIRTH 9. AGE (In years lest birthday) August 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDU during most of working life, even if retired) AT HOME	BALTIMOR# MD. U.S.A.
CHALLES WILLIAMS CHANCELLOR	MARTHA ANN BUTLER
	ALE D.DRAIN, 1405"G" STREET, N.W., D.C.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONSTY Artery DUE TO	Disease Interval Between onset and Death 21 days
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost. (b) Arterisclerosis DUE TO	General 15 years
Table 1	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NOTE NO.
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of Item 18)
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED to Phour o. m 19 While Not white at work at work 19 at work 19	ACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) clary, street, affice bidg , etc.)
alive on May 7	18, 19, 58 to May 8
PHYSICIAN'S NAME (Type) Thomas F Collins M.D.	Washington DC
220. BURIAL, CREMATION, REMOVAL (Specify) 5-12-58 MT. OLIVET	WASHINGTON D.C.
Joseph Mullis Inspec 1756 PA. AVE., N	. W. DC 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE



Burnil 5-7-58 St. Rubes Mythe K. Gollewi 4339 Hunt PP, NE.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTHORE. 16

5998 CERTIFICATE OF

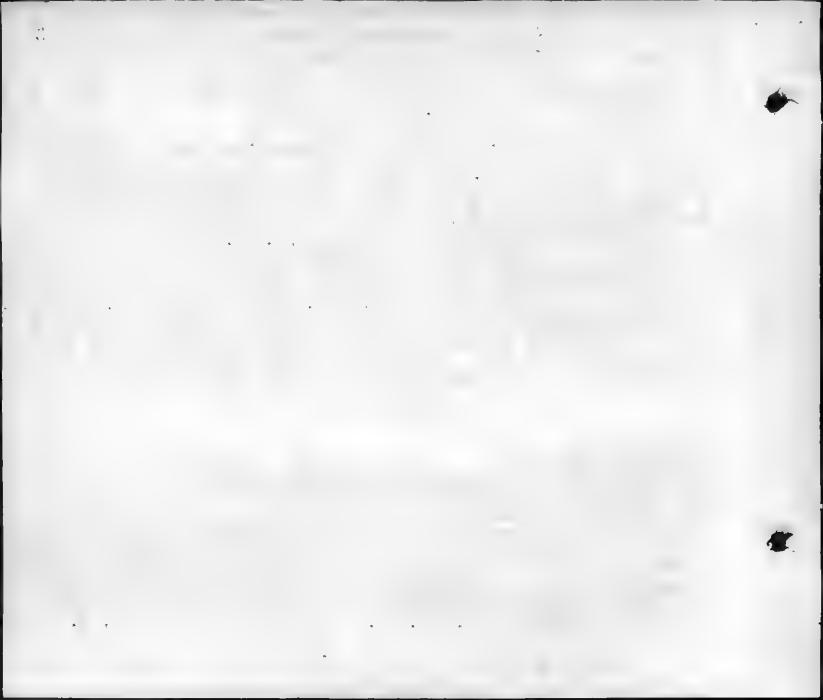
Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Pr. Geo's COUNTY STATE Maryland COUNTY Pr. Gao's
CITY (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town). (in this place) OR mos. HOSPITAL ORI STREET ADDRESS STREET ADDRESS Main Street 4. DATE (Year) 3. NAME OF (Day) (Month) (First) DECEASED: Wells gatha (Type or Print) DEATH: COLOR OR 9. AGE last birthday: WUNDER I YEAR ir UNDER 24 HRS 5. SEX: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTII: RACE: Months | Days Female (SpecifyWidowed July 4. 10s. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 1 11 BIRTHPLACE (State or foreign country) . 12. CITIZEN OF COUNTRY? INDUSTRY: work done during most of working life, U. S. A. Maryland Housewit's Own Home 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Willie Ann Day Joseph Wells 15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Mrs. Roland Ryon- Upper Marlboro, Md. write service) No MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause DUE TO Antecedent causes (s) Physicians: Diseases or conditions, if any, (h) giving rise to the above cause stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION: Yes No No 21. ACCIDENT (CITY OR TOWN) (COUNTY) (STATE) PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? Not While especiall While at INJURY Work [At Work Thay 1958, that I last saw the deceased 22. I hereby certify that I attended the deceased from April , and that death occurred at & , from the causes and on the date stated above. alive on may 2.3. DATE SIGNED May 24-58 ADDRESS (Degree or title) 23. BURIAL, CREMATION, | DATE THEREOF LOCATION (City, town, or county) REMOVAL (Specify) Upper Marlboro, Carmel Cemetery 24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro, Md.

Un 4-2333

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19 58

(State)



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<i>3</i> -	CERTIFIC	ALE OF DEATH	Reg. Dist. No.
	Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute of STATE b. COUNT b. COUNT Prin	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest lown)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ŀ	TARRES MOST CON MINISTRE	Losi 4. DATE Mo	YES NO EX
L	(Type or print) Julian T. Croso	N OF DEATH	001h 001y Yeor 144 23 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED DIVORCED	9. AGE (In years lost birthday) Oct. 23- 1905 9. AGE (In years lost birthday) 52 yrs	Months Days Hours Min
1	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Engre Lucerne Dairy		12. CITIZEN OF WHAT COUNTRY
	Oharles B. Croson	14. MOTHER'S MAIDEN NAME Ida Jane McDonald	
	(Yes, no or unknown) (If yes, give wor or dotes of service)	Dorothy L. Oroson 3804 Ne	wark Rd. Manor, Md.
	MONEONATE CHOSE (D)	disecting aneuryour	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stoting the under lying cause last.	is	4-2
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	IVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
- 1	OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item 18)	
l	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while p. m. 19 While of work of work	PLACE OF INJURY (Home, form, octory, street, office bldg , etc.)	(County) (State)
	The state of the s	24, 1958, 10 May 23, 1951	that I last saw the decease
	alive on Mous 20 , 1958 , and that deat	th accurred at 6:15 P.M., from the causes ADORESS (Street, city or lown	and on the date stated above, state) DATE SIGNE
1	SIGNATURE /CORRES	M.D. 3132-16481, NW.	WASHINGTON DC.
	PHYSICIAN'S Robert T. KELLEY		/

spital or attending physician. The attending physician and campletely filled in by the this certificate has been signed by the attending physician and campletely filled in by d far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death mertificate ba TO FUNERAL DIRECTO VS A15 (4) 15M 10/57



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	Reg. Dist. No. 1 2 USUAL RESIDENCE (Where deceased lived if institution; Residence before admission)
e e	a COUNTY COME CONSESSMARYLAND O. STATE TO B. COUNTY P. CONTROLLED COUNTY
T T T T T T T T T T T T T T T T T T T	b. CITY OR TOWN (If outside Corporate limits, wite FURAL ond give negret fown)
10 0 0 0 M	Charery 13 day Hellsede
dire dire	d NAME OF JOSP TAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS CTLG
y is need and the B	Truck Cjeckyo Jeneral Hope 1 300 W
dero e fur retoi retoi deo deo	3. NAME OF Lost See Lost See Lost See Lost See Lost DEATH DEATH DEATH
ony or be offer	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In your IFUNDER 14 EAR I) UNDER 24 HRS
moy moy	Fernale White WIDOWED DIVORCED Nor 8, 1893 64 yrs. Months Days Hours Min.
one 5 Per	180 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHRUACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
hin Post	Houseffe own Home Virginia U.S. R
P.M.3.	13. PACHER'S NAME 14 MOTHER'S MAKEN NAME
ve Pour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
11 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	1/4 (a. fr unknown) (Il yes, give wor or do to a sonice) none Banjamin Lee Cusich Ale Spin
d in a series of the series of	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]
Item Item of or in p	PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carellal thombases
erectifing the factor of the f	902.0 DUE TO 0
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Conditions, if any, which (b) Color
ocid o in o in	(c), stating the underlying DUE TO
fing the shall be sha	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY PERFORMED?
pillos pillos col E col E col E	13 Traction of lest his
Cert To To T	200. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING (200) 200. DESCRIBE HOLD INJURY OCCUPED (Enter notice of njury in Part I of Item 18.)
Thrs.	
200 m	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f [City or town) (County) (State) White Not white of work of wo
AMI Poge price	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
N S S S S S S S S S S S S S S S S S S S	opinion death resulted from: Natural couses [], Accident [], Suicide [], Homicide [], Undetermined manner []
HICA HICA d og	ACTUAL DATE SIGNED
Para Para Para Para Para Para Para Para	SIGNATURE ASSISTANT MEDICAL EXAMINER
TY I the the ld be	EXAMINER'S () AMOS T B - 1 DEPUTY MEDICAL EXAMINER TO 29 1958
Paculo di la constanti di la c	220_BURIAL, CREMAT ON 276. DATE THER OF 177C NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county)
5 2 4 5 g	BURIAL 6/2/58 FILLINCOIN CEM. BIADENSBURG, M.D.
VS A15ME	23 FUNERAL D, RECTOR & SIGNATURE ADDRESS 1240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE
5M 2,57	W.W. Wambers Co. Inc. Washington, W GBATE JUN +



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		6922 CERTIFICATE OF DEATH : Reg. Dist. No. (16906
HI		PLACE OF DEATH D. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If of stitution Residence before admission) STATE Maryland Prince Georges
0		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Cheverly C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Mt. Raini r.
-69		d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Prince Georges General 4100 32nd Ave.
		NAME OF First Middle Lost 4. DATE Month Day Year OF DECEASED DAY DAY MAY 12- 19 58
	5. 5	
	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY?
(I)	13.	EATHER'S NAME LIERE & Lay & Ellen Michel
	15. (Yes	IIIAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Address
		18. CAUSE OF DEATH [Enter only one couse per tine for (pt. (b) one (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which) By Prema Ce 11216
		gove rise to immediate cause (a), stating the under-lying cause lost.
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED Hour a.m. 19 While Not while all work of wo
		21. I certify that I attended the deceased from 171-5 [72, 1958, to 182], 1958, that I last saw the deceased alive an 1124084 from the causes and an the date stated above.
		ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. 5301 Hawritin Ja Hawrit
1		PHYSICIAN'S NAME (Type)
	770	Burial, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City Town, or county) (Stote) Prince George's General Hospital, Cheverly, Md.
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	2	27726'2XV? Administrator.

226.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
D	L	6984 CERTIFICATE OF DEATH Reg. Dist. No.
Poge 4	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
filed fire		PRINCE GEORGES MARY And PRINCE GEORGE
4g 8 19		b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0000	-	d. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) le. IS RESIDENCE
2 2 2 2		OR INSTITUTION ON A FARM?
hour bus	3.	NAME OF First Middle Last & DATE Month Day Voor
1 24 silled		OF LEGANDES DAVE DEATH 5- 22 1958
Pog P	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs Min.
ed "	1	114 6 While WIDOWED 5-12-1892 68 VII
comit comit	100	USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
2 5 5 4 W		FATHER'S NAME/ 14. MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME
cion o	1	moore
hifice hysionove vours		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ng F		No 19 year give wor or data of sorned 577-09-3961 Bertha KASUIKE - 5810- Ritchic Rd.
feath rendi		IB CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART & DEATH WAS CAUSED BY ONSET AND DEATH ONSET AND DEATH
the contract of the contract o		IMMEDIATE CAUSE (o)
by the		Conditions, if ony, which) BY ARTICLECTERONE HEART DIRAGE
n d d d d d d d d d d d d d d d d d d d		gave rise to immediate
nd sign		cotte (a), stating the under-
rsicic peen front ol. o	Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The The Phos	FICAT	YES NO IZ
Ficore the burner	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part It of item 18.)
YSIC certi	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or tawn) (County) (State) Hour a. m. While Not while
ifol carried and a series	WE	p. m. 19 at work at work
Affect for the control of the contro		21. I certify that I attended the deceased fram MAY 22, 1950, to 1950, to 1950, that I last saw the deceased
Par		alive on MIN 2.2 19 SP, and that death accurred at 5 15 PM, from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) DATE, SIGNED
ECTO Se de or to		SIGNATURE & WARLBORG PIKE SE. 5/22/5
O SE PER PER PER PER PER PER PER PER PER PE		
FITA FRAL Shore gistron		MAME (Type) BRUND ROLE G. H
0 1 N 0 0	220	BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwn, or county)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
VS A15 (4) 15M 9/SS	Le'	Jammons Bros 1661- and Hope Rd Date MAY 26 '58 Resident
13/11/2/3	1	"uash 2000 45

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VS A15C 1-55 10M

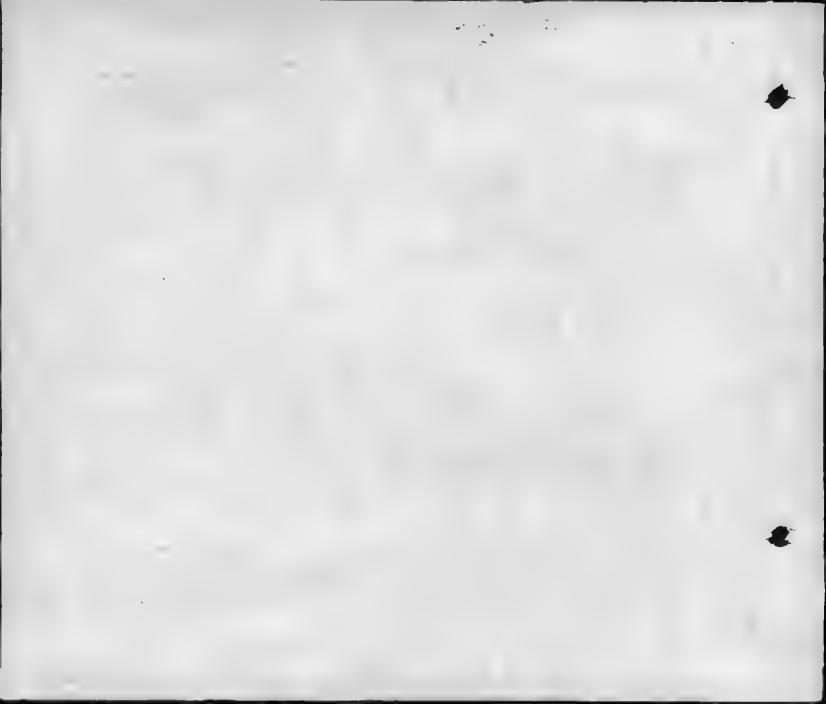
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urs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

0723	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Pince Jegige MARYLAND	STATE Med COUNTY Prince Change
CITY (If outside corporate limits, write RURAL (in, this, place) TOWN CITY (If outside corporate limits, write RURAL (in, this, place)	CITY (il outside corporete limits, write RURAL end give nearest towo) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2008 Windham Road	STREET (If rurel give location) 2008 Windham Rand
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print) / athrum Elizabeth A	Le angelie DEATH May 3 1958
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married Married	BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. ### Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) The distribution of susiness of working life, even if retired from the susiness of the susiness o	M. Y. C. New York USA
13. FATHER'S NAME. Dayle	Margaret Patterson
IS. WAS DECEASED EVER/IN U. S. ARMED FORCES? [Yes, no, or unk.] [If Yes, give wer or dates of service]	73 Min Marqueite Muller Land
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERT	OTHER AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO (B) DUE TO (C)	Library land James
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1 46
198 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO X
216. ACCIDENT WAS UNDERLY NG 216 PLACE (Hame, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	C. WHERE DID-INJURY OCCUR? (City or lown) (County) (Steta)
21d. TIME OF INJURY (Month) (Day) [Year] (Hour) 21s. INJURY OCCURRED While Not white et work	III. HOW DID INJURY OCCUR?
22. I hereby certify that i attended the deceased from	5
23. BUR.A. CREMATION, DATE THEREON NAME OF CEMETERY OR EMOVAL (SPECIFY) May 5 1957 At May	REMATORY LOCATION (City, Jown, or county) Stola)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS MAN ADDRESS ADDRESS



6	92	4	CERTIFICATE	OF	DEATH
V	· J 👡	2.5	APICITIE	-	

Reg. Dist. No. 06009

									Mage Distri	10.
1. PLACE OF DEAT	MARYLAND				2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY					
Prince (Prince George				Md. Prince George					
b. CITY OR TOW	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				nearest fawn)	
Divand	1 a				065 Riv	erdal	<u></u>			
d. NAME OF HO OR INST TUTI	SPITAL (If not in hospital, (d. STREET A					e. IS RESIDENCE ON A FARM?
Eugene	<u>leland Memori</u>	al Ho	spital		5811.0	uinta	ha St			YES NO TY
3 NAME OF	Fi	rst	Mi	iddle	los		4. DATE	Mon	ifb	Day Year
(Type or print)	Charles	0	E,	Doug	herty		OF DEATH	May		17 19 58
5. SEX	6. COLOR OR RACE	7 MARRI	ED NEVER M	ARRIED 🔲	8 DATE OF BIRTI	1	1	9. AGE (In years lost birthday)		EAR IF UNDER 24 HRS.
Male	W	WIDOWE		ORCED 🔲	3-14-7			86 yrs.	Months Doy	ya Hours Min.
100. USUAL OCCUP	ATION (Give kind of work	done 10b. I	KIND OF BUSINE	SS OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign co	טעמורץ)	12. CITIZEN	OF WHAT COUNTRY?
Retir	working life, even if retired BC	"			Md				IT	SA
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	NAME			
. ,					Mar	v ?				
15. WAS DECEASED			SOCIAL SECURITY	r NO. 17 I	NFORMANT			Add	ress	
(Yes, no, or unknown)	(If yes, give war or doles of	survicu)			Hospit	al re	corda	Rive	rdale,	Md.
In CAIRE OF	DEATH [Enter only one co		- 4 4-1 11-1	1 4-1 3						NTERVAL BETWEEN
		ouse per im	e for (a), (b), one	(c).]			-			NSET AND DEATH
PARI G	DEATH WAS CAUSED BY: IMMEDIATE CAUSE &	1. Ce	nely	12402	scular	ac	cell	no		E CALESUT
4.45>										
		3)	1	eadine		4 /	2 .	Endor d	1	
	if any, which) (1	1	Mar	zins	une s	OTA	40201	larlow of	more	
	ing the under DUE TO	>	00							
lying couse I		:)								
Z PART II.	OTHER SIGNIFICANT CON		ONTRIBUTING TO	TUB HTA3D C	NOT RELATED TO	THE TERM	NAL DISEAS	E CONDITION GIV	VEN IN PART 116	19. WAS AUTOPSY
[E]										PERFORMED?
<u> </u>										YES NO
PART II. 20g ACCIDENT OR CONTRIBUT UIF EITHER, NO	WAS UNDERLYING THE	20b. DESC	RISE HOW INJUI	RY OCCURRE	D (Enter noture o	Familiary in I	Port I or Port	II of item 18)		
	JURY Month, Doy, Ye		JURY OCCURRED	20a BI	ACE OF INJURY I	dome for-	206 (CIA	as decired	45	nty) (Stote)
20c, TIME OF IN		While	Not while _		clory, street, office			or town)	(Coun	ith) (piote)
Ψ p.	m. 19	of work	at work]						
21. I certify	that I attended the	decease	d from	-10	1957	, to s	5-11	7 19-57	that I last	saw the deceased
alive on_3	and frame	195	~ /							date stated above
			, and ,	mar acam	accorred de			reet, city or town,		DATE SIGNED
ACTUAL	ADA	?	11 0			•	WARKERS (2)	reel, city or lown,	riolel	DATE STOREL
SIGNATURE_	O.G.T.M	124	XIL		M.D					
PHYSICIAN'S										
NAME (Type)								to we make the first medical in the		
220. BURIAL, CREM	ATION, 226 DATE THERE	OF.	22c. NAME OF	CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county!	(State)
REMOVAL (Spe Burial	May 19,	1958			In Cemet	ery		Lmar Man		
23 FUNERAL DIREC			ADDRESS			24a. REC'	D BY REGIST	RAR 245 REGI	STRAR'S SIGNA	TYRE
	F Gasch's	Sons	Hvatts	ville	. Md.	DATE MA	Y 2 1 "	58 LU	z-esus	1

director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the Aspirol or attending physician.

TO FUNERAL DIRECTO. Her this certificate has been signed by the attending physician and completely filled in by the furpage 3 should be detashed for use as the burial-transit memit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A1S (4) ISM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEAT 2. USUAL_RESIDENCE (Where deceased I ved. If institution, Residence before admission) a COUNTY **b** COUNTY b CITY OR TOWN I'I OUT C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your de NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address . IS PESIDENCE ON A FARM? retained f YES NO TH Stote NAME OF Middle 4. DATE Yeni DECEASED OF DEATH (Type or print) 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIR IF UNDER TYEAR IF UNDER 24 HRS 9. AGE |In years Moy Mo thi Days Hours WIDOWED | DIVORCED | MIN 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most by working 11f even if reticed) 12. CITIZEN OF WHAT COUNTRY? and 13. FATHER'S NAME with form INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCESP. 16. SOCIAL SECURITY NO. (If yes, give wer at dates of service) 18. CAUSE OF DEATH [Enter only one couse per kne for (o), (b), and (c) INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: "pending" in pencil in ther licot Examiner's Office alo e used as a burial-transit p cremation, or removal, ar IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove tite to immediate couse DUE TO (o), stoling the underlying cause lost. PARTAI, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? (an NOF 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Enter paying of injury in Part I or Part It of item 18) CAUSE OF DEATH. Month, Day Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (Cily or town) (County) (State) factory, street office bldg , etc.) 19 ol work at work 2) I certify that I took charge of the remains described above, held an Autopsy Inspection 14 Inquiry P and in my RECTOR apinion death resulted from: Natural causes [... Accident V. Suicide , Hamicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER For SIGNATURE should be FUNERAL D EXAMENER'S NAME (Type) DEPUTY MEDICAL EXAMINER IR GREMATION 226 DATE THEREOF 22c NAME OF CEMEVERY OR CREMATORY 72d LOCATION (City, town, or county) (Stote) REMOVAL (Spe. fy) orm 0 Louare **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15ME



VS A15 (4) 15M 10/57

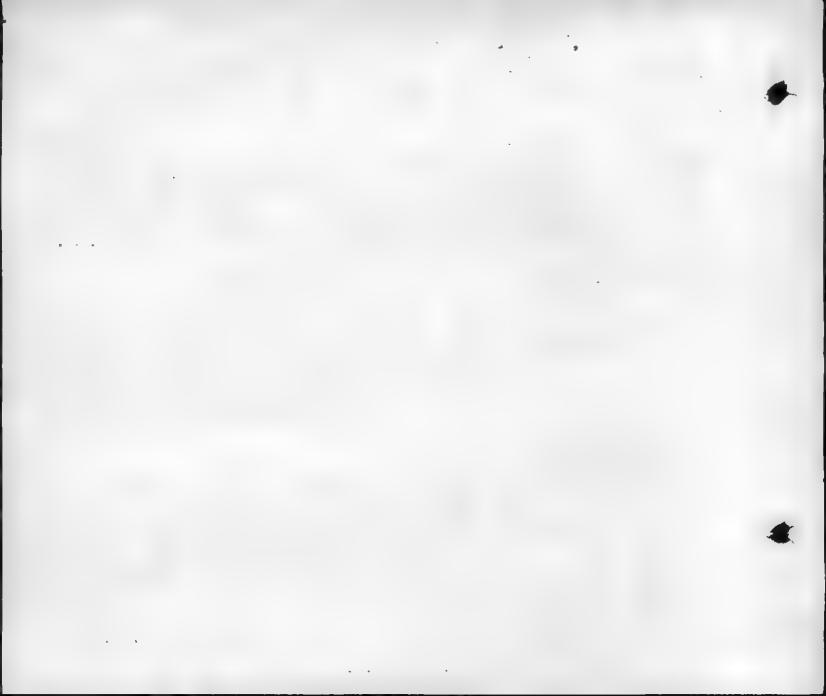
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6926 CERTIFICATE OF DEATH

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Rea. Dist. No.

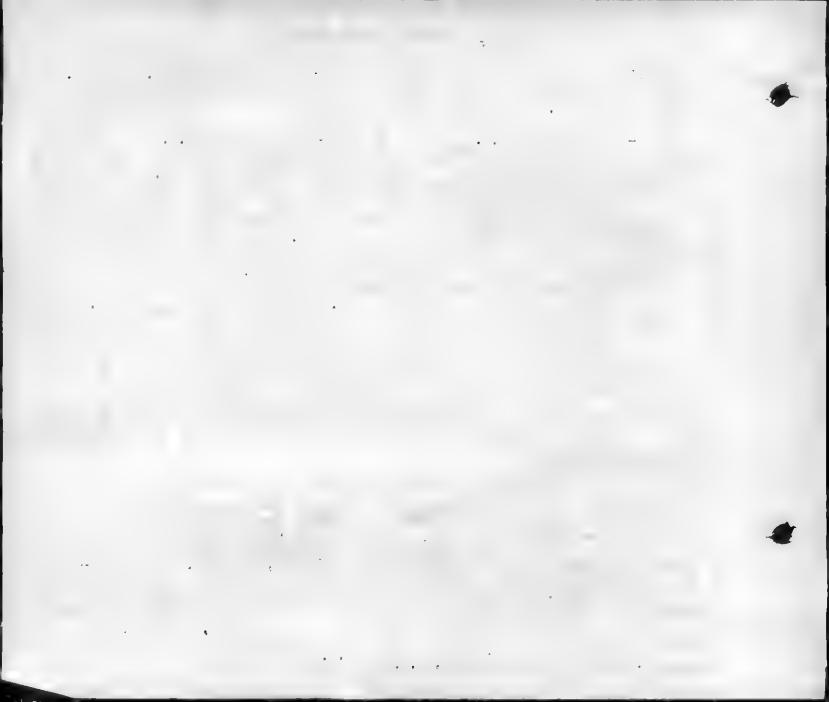
1. PLACE OF DEATH COUNTY Prin	nce George	MARYLAND	2. USUAL RESIDENCE (V	Vhere deceases	b. COUNTY	on Residence	before od	m'ssion) BL
b. CITY OR TOWN (If RURAL and give no Cheverly		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corpo	rote limits, write R	URAL ond giv	e negrest	lown)
OR INSTITUTION	At (If not in hospitol, give street leorge General		d. STREET ADDRESS				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First Robert	Middle D.	lost Dunn	4. DATE OF DEATH	Mon		Doy 31	Yeor 19 5 8
s. sex Male	6. COLOR OR RACE 7 MAR White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 3-21-80		9. AGE (In years Inst birthday) 78 yrs.	IFUNDER 1		NDER 24 HRS
during most of worki	N (Give kind of work done) 10b. ng life, even if retired)	kind of Business or Indus			ountry)	12. CITIZI	U.S	A A
S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Mary O	Donne	el Addi	ess		
Conditions, if on gove rise to in cause (o), storing tying cause tost. PART II. OTH 20a. ACCIDENT WAS OR CONTRIBUTING (IF ETHER. NOTIFY)	DUE TO CC ER SIGNIFICANT CONDITIONS	BPISTA Carcin V CONTRIBUTING TO DEATH BUT YNAVA AFEIT CRIBE HOW INJURY OCCURRE	coscle, one			EN IN PART 1	(0) 19 W	AS AUTOPSY PRORMED?
·	Month, Doy, Year 20d. While		ACE OF INJURY (Home, factory, street, office bldg., e	rm, 20f. (City	or lown)	(Co.	inty)	(Stote)
2). I certify the alive an	1 Lattended the decease 12 12 12 12 12 12 12 12 12 12 12 12 12	22c. NAME OF CEMETERY O	accurred at 8:15	BM, from	1958 In the causes a greet, city or town. 21 A. L.	and an the	date si	he decease aled above DATE SIGNE
Burial 3. FUNERAL DIRECTOR'S	June 4-58 signature ral Home 481	ADDRESS	24g. RE	Was	shingtor	TRARS SIGN	ATÜRE /	



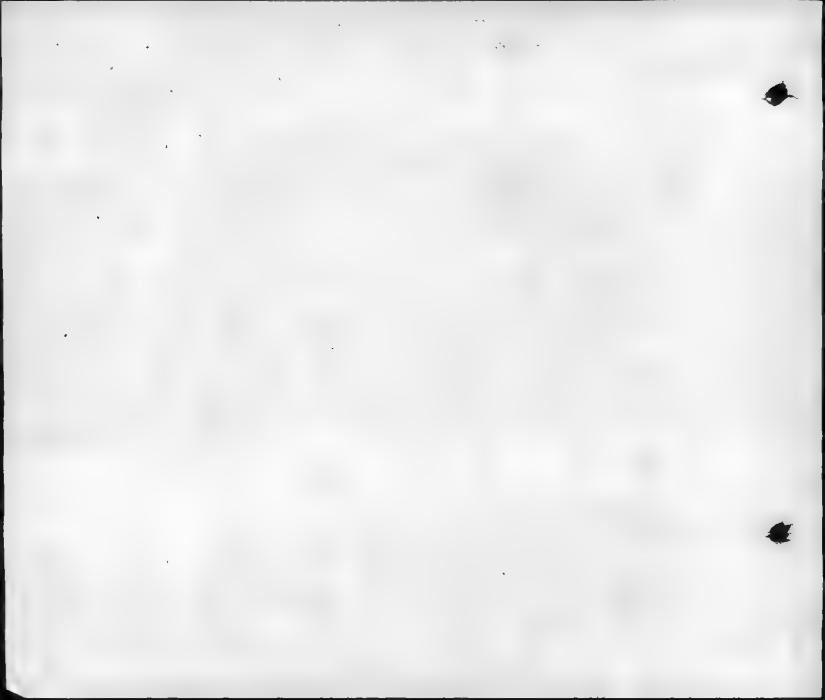
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

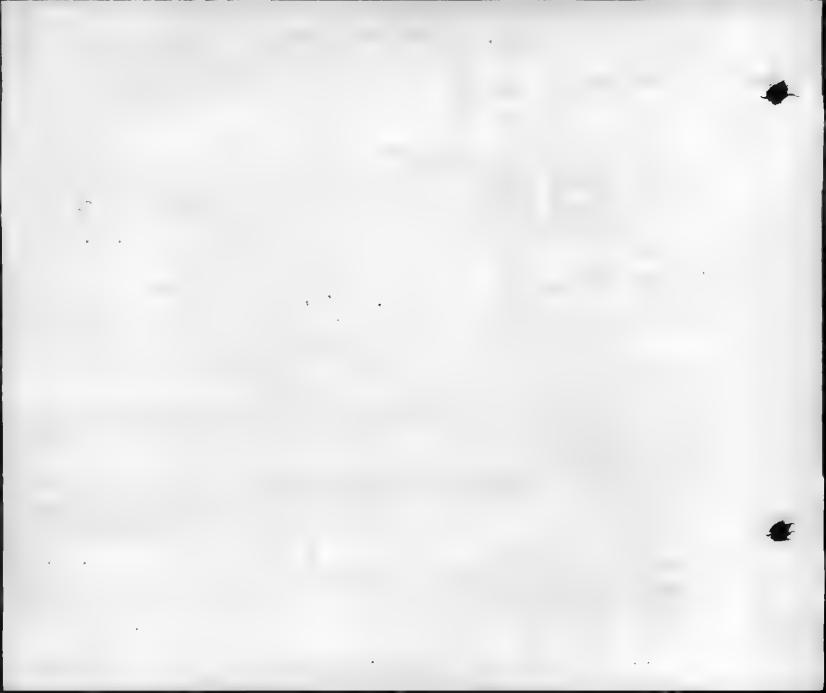
6985 CERTIFICATE OF DEATH

	00		Кед	. Dist. No.				
Prince George's	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY Pr. Geo's Co.						
b CITY OR TOWN (If autside corporate limits, w	write c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL o					
Camp Springs, Md.	18- Years	🔀 Camp Sprin	gs					
d. NAME OF MOSPITAL (If not in hospitol, give of institution /20 - Brinkley Road	street oddress) d S.E.	d STREET ADDRESS 7267 - Brin	kley Road S.E.	ON A FARMS YES NO TO				
3. NAME OF DECEASED (Type or print) SARAH	Middle	RRELL Loss	4. DATE Month OF DEATH May 12th.	Day Year 19 58				
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN	IDER I YEAR IF UNDER 24 HRS				
Female White w	IDOWED DIVORCED	April 6- 1872	last birthdoy) Mont	ths Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of wark done	B 106 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of	r foreign country) 12	CITIZEN OF WHAT COUNTRY				
during most of working life, even if retired) HOUSEWITE	Domestic	England.		USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	VME .					
William Bradley		Elizabeth	?					
15. WAS DECEASED EVER IN U. 5 ARMED FORCES		NFORMANT	. Address					
(Yes, no or unknown) (If yes, give wer or dates all service		seph W. Farrel	1 (Son) Same	as # 2.				
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (o). DUE TO Lying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS A PERFOR YES OR CONTRIBUTING CONTRIBU								
				(County) (State)				
21. I certify that attended the de alive on	19. and that death	M.D. Clinton	Maryland. Maryland. Maryland. Maryland. Maryland. Maryland. Maryland. Maryland. Maryland.	n the date stated above DATE SIGNER May 12-58 (State)				
28 FUNERAL DIRECTOR'S SIGNATURE	1661 Good Hope R	at assip	BY REGISTRAR 246 REGISTRAR'S	S SIGNATURE				

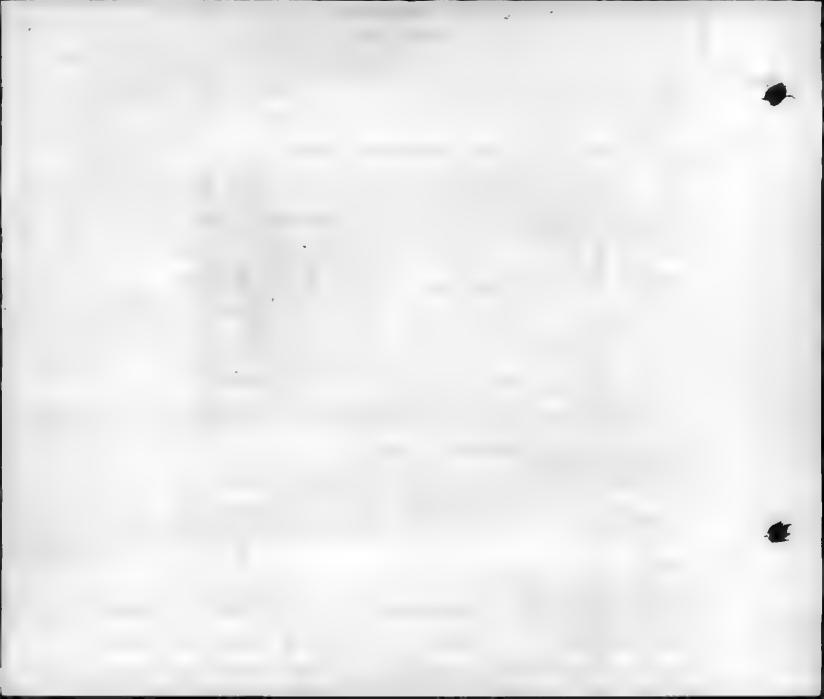


1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No. ()6012
EALTH DERT.	PLACE OF DEAM 2 USUAL RESIDENCE (Where degrased lived. If institution, Residence before admission)
5 a M	o. COUNTY Price George MARYLAND G. STATE Many Land COUNT Prince George
	b CITY OR TOWN (If out de corporate limits, write RURAL and give nearest town)
yaur d of	d. SAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) // d. STREET ADDRESS e IS RESIDENT E
d for Boor	Prince Crocks and of Nospital or Institution (If not in hospital, give street address) I do STREET ADDRESS ON A FARM? YES NO
toine tate eath	3 NAME OF DECEASED A First Month Doy Year
the far	(Type or print) there touchener DEATH no 10 1958
Mith With Tra af	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE In years lest britished Morths WIDOWED DIVORCED 1/13/19 9 AGE In years lest britished yes Morths Days Hours Min.
ond 2 d 2 hot 2 hot 2	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	home Washington C MINA
A See	13. FATHER'S NAME Trace Ta Fernier
ile p	15. WAS DECEASED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT, You, no, or unknown] (if yes, give wor or doins of service)
it. B.	Hutut w, Lackner Carmony Aute one
m. 18 mag v perm nd ir	THE CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:
mail the	916.0 DUE TO DUE TO
Office ol-tro	Conditions, if any, which) (b) Colors and bury of the
o cars	gave rise to immediate couse (a), stating the underlying DUE TO couse last.
ng" as a ation,	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
or Esection	PERFORMED? YES NO
Addid be	20c. EXTERNAL CAUSE WAS RIMARY B'or CONTRIBUTING C CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) CAUSE OF DEATH.
hould hould	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 120f (City or town) (County) (State)
A G G G G G G G G G G G G G G G G G G G	Hour om 3-25 1958 of work of st work of the bldg, etc.) Carnel House photos photos
Page 1	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection I Inquiry . and in a y
TOK	apinion death resulted fram: Natural causes []. Accident []. Suicide [], Homicide [], Undetermined manner []
orwal PREC red o	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED
AL D	ASSISTANT MEDICAL EXAMINER []
NER NER S de	NAME (TYPE) A CONTROL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY D
4 S 4 S 9 S 9 S 9 S 9 S 9 S 9 S 9 S 9 S	Burial 5/13/58 arlington National arlington Val
A15ME	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF THE PROPERTY OF THE PROPERTY SIGNATURE
M 2 57	Flasers ANY 1 4 '58 100 ANY 1 4 '58





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06014 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) 1 o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR OWN (If autside corporate limits, write RURAL and give rearest town) RIBRAL and give nearest Jown) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES 🔲 NO 🖾 NAME OF First Middle DATE Last Month Day Year DECEASED (Type or print) DEATH 19 7. MARRIED NEVER MARRIED 5. SEX COLOR OF RACE 8. DATE OF SIRTH AGE (In year IF UNDER YEAR IF UNDER 24 HRS Doys Months Hours Min DIVORCED | WIDOWED 17 papers. yes 106 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? durifly most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? LIST SOCIAL SECURITY NO. 17... INFORMANT Address (If yes, give wor or dates of service) (18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH à PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o) 199.2 **DUE TO** Ë. any Conditions, if ony, which gned gove rise to immediate 20 **DUE TO** cottse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO | 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part II of item 18.] 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY [Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) o. m. While Not while 19 at work | of work p. m. 21. I certify that I attended the deceased from 19.25 that I last saw the deceased alive an_Ma death accurred M, fram the causes and an the date stated above. 08 ACTUAL prior SIGNATUR shauld ä PHYSICIAN'S registrar NAME (Type) may be 1 C 22b. DATE THEREO! 22a. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State) poge PEMOVAL (Specify) 0 EUMERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) AY 2 ft 15M 9/55



CERTIFICATE OF DEATH 5027

06015

	0.0	10 6		R(eg. Dist. No.		
	1. PLACE OF DEATH p. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institutions	· · · · · · · · · · · · · · · · · · ·		
	Prince Georges	MARYLAND	o. STATE Maryland b. COUNTY Prince Georges				
1	 CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) 	rile c. LENGTH OF STAY IN 16		itside corporole limits, write RURA	AL and give nearest town)		
ı	Adelphi		X Adelph	<u>i</u>			
	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	treet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	10199 Riggs Road		10199 R	iggs Road	YES NO K		
	NAME OF First DECEASED	Middle	Last	4. DATE Month	Doy Year		
	(Type or print) IRENE		INSBERG	DEATH MAY	5 19 58		
			B. DATE OF BIRTH	Inst highlant	UNDER 1 YEAR IF UNDER 24 HRS		
		DOWED DIVORCED	Sept. 28, 18				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY		
	Registered Nurse		Baltimore	*	U.S.A.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
	Kaufman Kellner		Augusta P		N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)		NFORMANT	Address	gs Rd., Adelphi, Mo		
	No		muer p. Gruen	er.8 - Toraa vr.81			
	18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY:	per line for (o), (b), and (c).]	4		ONSET AND DEATH		
	IMMEDIATE CAUSE (6)	Temoralized Co	vecinomai osi	5	24 mo.		
	//OX DUE TO)	VI ·		2		
	Conditions, if ony, which (b) (b)	urcinoma of	- DI-Carl		3/25		
	codse (a), stoting the under-	· ·					
	, , , ,	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY		
	CATIC	7.000		THE PIDENCE CONTROL OF THE	PERFORMED?		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort I or Part II of item 18.)			
			ACE OF INJURY (Home, form,		(County) (State)		
		Vhile Not while Tac	tory, street, office bldg., etc.)	9			
	21. I certify that I attended the dec	consed from 12 - 2 h	10 55 to 5	-5 10 5 Ru	hat I last saw the deceased		
	alive on 5 -4		And the second s		an the date stated above		
	0.00	1		ADDRESS (Street, city or town, sto)			
	SIGNATURE T. LIZAVES		M.D. 25/3 B	mcKlodge Role			
7	PHYSICIAN'S R.D. BAL	KER, MD.	adel	bbi	md.		
	220 BURNAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, lown, or c			
	Cremation May 0, 1956		ematory	Suitland	D.C.		
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGISTRA	AR'S SIGNATURE		
	Bernard Danzansky & Sons	S-JJUL LATER ST., N	off DATE	av son Ott			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 point or attending physician.
It this certificate has been signed by the attending physician and campletely filled in by the function use as the burial-transit pages. Then please remove carbon papers. Pages I and 2 should I, crematian, or remaval, and has been within 72 hours after death. may be retained by the 2:3p TO FUNERAL DIRECTOR page 3 shauld be detacre. If the registrar prior to burial, or

M



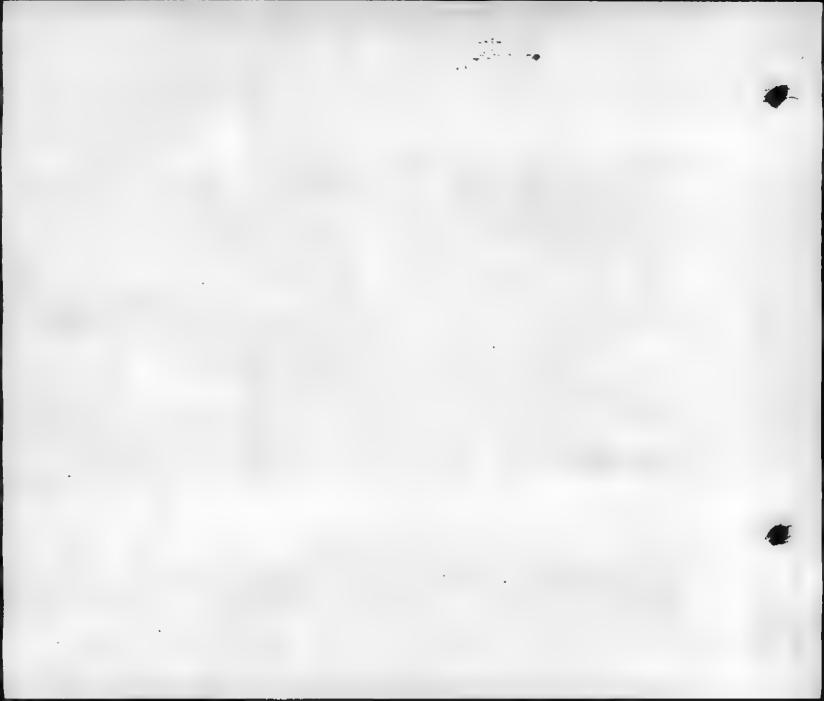
VS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		Reg. Dist. No.
	PLACE OF DEATH 5729	2 USUAL RESIDENCE (Where deceased lived If institutions—Residence before admission)
	O COUNTY PARTYLAND	o. STATE COUNTY (S
	b CITY OR TOWN (1 outs de cerporate timits, with RUV) C. LENOTH OF STAY IN 16	c CITY OR, TOWN (If outside corporate limits, write NUFAL and a ve nealest lown)
	and of rearest fown)	1: 10 - 7400
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d. STREET ADDRESS.
	5030 8 0 31.000	5030 Se Por Hell Par 1 YES TI NO D
	3. NAME OF First Middle	The state of the s
ĺ	DECEASED (Type or print)	A. DATE Month Doy Year OF ATH
	5. SEX 6. COLOR OF RACE 7 MARRIED NEVER MARRIED	Control Vilan 20 70
	FOR LARD WIDOWED BY DIVORCED IT	lost birthday) Months Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS	TRY 11 BIRTISP ACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	0 1 1 5 3
	13. FATHER S NAME	14 MOTHER'S MAIDEN NAME
\	1. 1. 1.	18-6-112 13 7
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 I	INFORMANT Address - Addres
	[Yes, no, as anknown] [II] yes, give war or dates of service)	Address DE Silve HOR
	18 CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c)]	UNITED A SELVERN
	PART 1. DEATH WAS CAUSED 8Y:	ONSET AND DEATH
	9020 IMMEDIATE CAUSE (o) Coma assura	event
2"	17	n+1-1-1-1-+ + 1+
	Conditions, if any, which gave rise to immediate cause (b)	2 1 he 19 the suchaders
	(a), slating the underlying DUE TO	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLTE. WAS AUTORSY
	And the company of	PERFORMED?
	206. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED I	Enter nature of injury to Part I or Part II of Hem 18)
	CAUSE OF DEATH.	on a chair and fell to floor
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c PLA	ACE OF INJURY (Home, form, 120f (City or town) (County) (State)
	10 to a.m. 5.11 12 of While Not white B	tory, street, office bldg., etc.) S. O. TLOS PC had
	21. I certify that I took charge of the remains described abo	ove, held on Autopsy , Inspection I Inquiry ond in iny
	opinion death resulted from: Natural couses . Accident	
		El constant El constant de sitosines el constant el co
	SIGNATURE CASASIAN SIGNATURE CAS	M.D. CHIEF MEDICAL EXAMINER
		ASSISTANT MEDICAL EXAMINER
	NAME LYON AHES LISONA	DEPUTY MEDICAL EXAMINER & Mary 31, 1958
	220. BURIAN CREMATION, 226 DATE THEREOF 224. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Stota)
	Burial 3-24-38 Cedar His	Il Cometry Suitland Maryland.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 PRECID BY REGISTRAR 246 REGISTRAR'S SIGNATURED MAY 2 3 '58
	Eld. W. Mary 1220 1. 1. 2 5/2-11-1	MAIL 23 301 With edich



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b COUNTY Prince Georges COUNTY o STATE MARKETTARRE Prince Georges Marvland b. CITY OR TOWN (If outside corporate fimits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest lown) 70 Bladensburg Cheverly 10 davs d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE OR INSTITUTION ON A FARM? Rd. Prince Georges General Hospital 5603 Tilden YES NO TO NAME OF KATHERINE 4. DATE Day Year DECEASED OF DEATH 1958 (Type or print) 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS B. DATE OF BIRTH P. AGE (In years lost birthday) Months Dovs Hours Min. 62 DIVORCED T WIDOWED [7] April yrs. compli 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) HOUSEWILE puo 13 FATNER'S NAME physician 9 듐 MINICE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per ling fet (o), (b), and (c). INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO á Conditions, if any, which gave rise to immediate DUE TO couse (a), stoling the under-Ū. lying couse lost, buriol-transit been CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lown) (County) (Stole) factory, street, office bldg., etc.) Hour 0. 17 While Not while of work at work 1958 that I last saw the deceased 21. I certify that I oftended the deceased from... burial, and that death occurred at 12 A.M. from the causes and on the date stated above. FUNERAL DIRECTOR ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL prior SIGNATURE HOSPITAL PHYSICIAN'S William Rosson M D. NAME (Type) 22b. DATE THEREO! BURIAL CREAMATION. 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, agod (Stote) REMOVAL (Specify) he o FUNERAL DIRECTOR'S SIGNATURE 240. REC'DERY REGISTRAR 246 REGISTRAR VS A15 (4) 5 15M 10/57



)	(1	4	
Page	1	prector,	ed with	
OSPITAL OR ATTENDING PHYSICAN: The law requires that the daath certificate be exempted within 24 haurs after death. Page	-	UNERAL DIRECTOR. It this certificate has been signed by the attending physician and campletely filled in by the fune.	gs 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld b (ed with	
d within 24 has		detely filled in	s. Pages I and	
ate be exempted		cian and camp	carban paper	dian danth
dath certifica		ittending physic	please remave	reporters print to buried exemption or company and in one asset within 20 hours after death
quires that the		igned by the c	permit. Then	in doc avent
N: The law rec	y be retained by the Medital ar attending physician.	ste has been s	burial-transit	for formar.
IG PHYSICIAN	pital ar attend	r this certifica	for use as the	reamotion or
OR ATTENDIN	ed by the 2000	RECTOR.	be detached	rine to Suring
OSPITAL C	y be retain	UNERAL DI	ge 3 shauld	renistrar ne

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6931

CERTIFICATE OF DEATH

Reg. Dist. No.

	a. COUNTY			2 USUAL RESIDENCE (W	here deceased lived	If institution Residence	before admission)		
		ca Georges	MARYLAND	Maryla	and b.	Prince	Georges		
	b CITY OR TOWN (If a RURAL and give near	utside carporote limits, writest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporale limi	Is, write RURAL and giv	e negrest lown)		
	Cheve	rly	2 hours	W. Lanha	am Hills				
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give stre	eet address)	STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
	Prince	Georges Gene	eral Hospital	7746 Gar	crison Rd		YES NO		
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year		
	(Time or need) T	ames	W	Good	DEATH	May 26	19 58		
1	5. SEX 6	. COLOR OR RACE 7 M	ARRIED 🔂 NEVER MARRIED 🔲	B. DATE OF BIRTH	9. AGE	1.4	YEAR IF UNDER 24 HRS		
)	Male	White WIDO	OWED DIVORCED	18 Apr. 19		Months D	ays Hours Min.		
	10a USUAL OCCUPATION during most of working	(Give kind of work done 1	OL KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (State	ar foreign country)	12. CITIZ	EN OF WHAT COUNTRY		
	Bus Opera		IKANS11	LDINGU	REN U.	9 (J. J.		
	13. FATHER'S NAME	0		14 MOTHER'S MAIDEN I	NAME	111111			
	JO14N 11	(F001)		ALICK	142151	MMAN			
	15, WAS DECEASED EVER I	N U. S. ARMED FORCES?	16. SOCIAL SECURITY NO 17.	INFORMANT	2 1 -	Address	- 111		
		70	3 78-22-2140	ANNIE (5000 7	IT RATT	EKISON ICE		
	18. CAUSE OF DEATH	[Enter only one cause per	r light for (a), (b), and (c)-]	- 0		-	INTERVAL EPTWEEN		
	PART I. DEATH	WAS CAUSED BY:	hom bores	EL Co	2.122 ary	aslew	ONSET AND DEATH		
	4-20.0 DUE TO ()								
	Canditions, if any,	Canditions, if any, which) (b) (le levo o clero lie heart diace //when							
	gove rise to imm couse (a), stating the								
	fying couse lost.								
	PARY II. OTHER	SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE COND	TION GIVEN IN PART 1	(a) 19 WAS AUTOPSY		
	PART II, OTHER						PEPFORMED?		
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port f or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		DICAL EXAMINER							
	3 20c. TIME OF INJURY			ACE OF INJURY (Home, form octory, street, office bldg., eld	n. 20f (City or town) {Cou	unty) (State)		
	Hour o.m.	19 Wh	ile Nat while '	octory, street, office blog., alc	-1				
	21. I sertify that	I attended the dece	ased from / Dan	195 / ta	2 L MAT	10 5 that I la	st saw the deceased		
	alive on 24	4444		h occurred at 3,15					
		. // .	1		ADDRESS (Street, city		DATE SIGNED		
	ACTUAL SIGNATURE	1 when 14	chol.	M D		•			
1		1		_m v	~~~~~~~~~~				
	PHYSICIAN'S NAME (Type)	John Kehoe	2						
	22a BURIAL, CREMATION,	22b DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	ly, tawn, or county)	(State)		
	Removal (Specify)	May 27.19	58			ackson V	•		
	23 FUNERAL DIRECTOR'S S		ADDRESS / //	1 240 REC		PAGE SON VI			
	17 m 500	of Laur	300 Htas	+ 12.8 DATEMA	Y 2 8 '58	Coco -			
				RIB	u = 0 00	111-3-86111	Δ		

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, execute the certification of the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director a should be forward.

A should be forward.

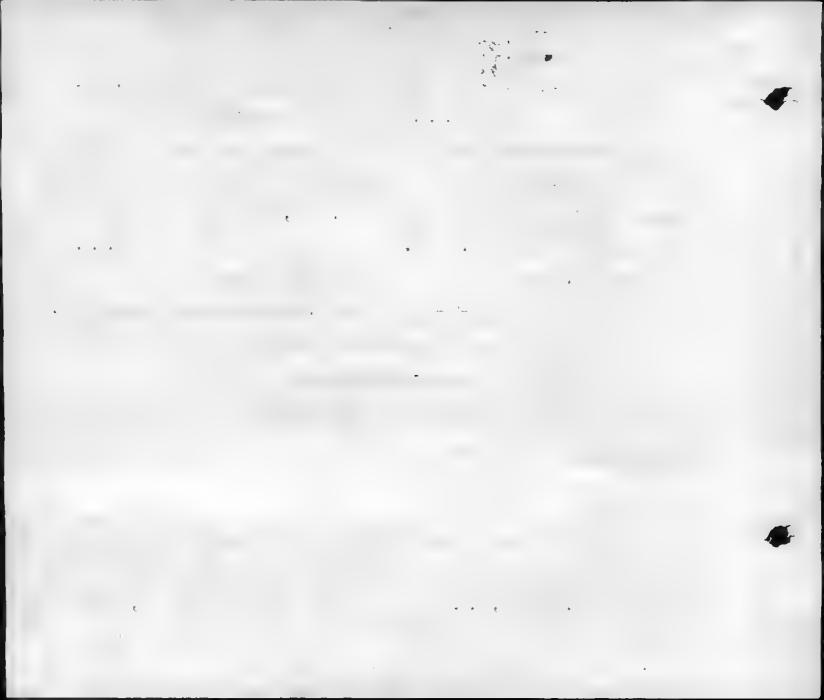
The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you a should be used as a burial-transis permit, File pages 1 and 2 with the State Board of an its designated agent, prior to buriat, cremation, ar removal, and in any event within 72 hours after death

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.	Post	2.	6	02	()
Ken.	Dist.	Not.		-	

b. CITY OR TOWN (If bothide corporate limits, write RURAL and give nearest lawn) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Hospital 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) First Middle 6. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) a IS RESIDENT A STREET ADDRESS 6. The Street ADDRESS 6. DATE Month Day Year 19. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE (In year) Months Days Hours Min. 19. AGE (In year) Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stole or foreign country) 112. CITIZEN OF WHAT COUNTY 113. CITIZEN OF WHAT COUNTY 114. BIRTHPLACE (Stole or foreign country) 115. CITIZEN OF WHAT COUNTY 116. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stole or foreign country) 117. CITIZEN OF WHAT COUNTY 118. CITIZEN OF WHAT COUNTY 119. CITIZEN OF WHAT COUNTY 110. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stole or foreign country) 119. CITIZEN OF WHAT COUNTY 110. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stole or foreign country) 110. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stole or foreign country) 1112. CITIZEN OF WHAT COUNTY INDUSTRY 1112. CITIZEN OF WHAT COUNTY INDUSTRY 1112. BIRTHPLACE (Stole or foreign country)
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Hospital 3. NAME OF DECKASED (Type or print) Frances Sabina Graves 4. DATE OF DECKASED OF AMARIED Nonth Day Year OF DEATH May 24. 19 56 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED BLOATE OF BIRTH PRODUCT OF BIRTH NONTH DECK SET OF SITE OF S
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Hospital 3. NAME OF DECEASED (Type or print) Frances Sabina Graves 6715 Queens Chapel Road 4. DATE OF DECEASED (Type or print) Frances Sabina Graves 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female white WIDOWED DIVORCED Feb. 9 th, 1886 72 yrs 6 IS RESIDENCY Non II Post Year (IF UNDER 19EAR) 19 56 18 Months Days Haurs Min.
Prince Georges General Hospital 3. NAME OF DECEASED (Type or print) Frances Sabina Graves 4. DATE OF DEATH May 21 19 58 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED Feb. 9 th, 1886 72 yrs NO. A FAR Month Day Year Month Day Year Month Day Year Month Day Months Days Months Days Months Days Min.
Prince Georges General Hospital 6715 Queens Chapel Road 3. NAME OF DECKASED (Type or print) Frances Sabina Graves DEATH May 24 19 58 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED SLOTE OF BIRTH Solut brithday; Months Days Haurs Min. Female white WIDOWED DIVORCED Feb. 9 th, 1886 72 yrs
Color or RACE The many Color of RACE The many
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female WIDOWED DIVORCED Feb. 9 th, 1886 72 yrs Months Days Haurs Min.
Female white WIDOWED DIVORCED Feb. 9 th, 1886 72 yrs Months Days Maurs Min.
Female white WIDOWED DIVORCED Feb. 9 th, 1886 72 70 Min.
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Retired clerk Univ. of Md. Virginia U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Charles Edw. Daiger Mary Jane Allen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address
No 577-22-1140 Willis B. Henderson; same address as # 2.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6] Acute congestive heart failure
11/20/
7
gove rise to immediate couse
(e), stoting the underlying DUE TO
PERFORMED
YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, affice bidg., etc.) While Not while of work of w
Hour a, m. While Not while factory, street, affice bidg., etc.)
21. I certify that I tack charge of the remains described above, held an Autopsy (A), Inspection (C), and in
opinion death resulted from: Natural causes D. Accident C. Suicide C. Hamicide C. Undetermined manner
A /
ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE STAND AND ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
SIGNATURE STAND AND ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER May 21, 1958 220. BURNATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CEEMATOR 22d. LOCATION (City, town, or county) (State)



HEALTH DEPT.

and 3 to the funeral c 5 may be retained fo 2 with the State Boo 2 durs after death.

T dind rithin 72

he word "pending" in pencil in Item 13. Give Pages 1. hief Medical Examiner's Office along with form PM3. P should be used as a burial-Iransit permit. File pages?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TRY?

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DATE SIGNED

(State)

		ME Soo	DICAL	EXAMINER'S	CERTIFICA	TE OF	DEATH	RegDistN	(10(12)) No.
	DUNTY Pr	ince Georg	ges	MARYLAND	2. USUAL RESIDENCE (d lived If institut b. COUNTY		
	TY OR TOWN (II o nd give nearest town) Mt	viside corporate i m fs, we i Rainier	• RURAL 6	5 years	c. CITY OR TOWN	f outside corpo		RURAL and give	nearest town)
		um Street	If not in hospite	il, give street oddress)	d STREET ADDRESS	Varnum	Street		S RESID NO
	AE OF EASED or print)	Thomas	si	Middle	Green	4 DATE OF DEATH	May	22	Yeor 58
5. SEX Me	ale	6 COLOR OR RACE white	7 MARRIED		2-23-1885	,	AGE (In years lost bull but hours yes.	Months Days	R IF UNDER 24 1
durin		N (Give kind of work life, even if retired)		of Business or Indust eneral Accoun		or foreign co			S.A.
	orge St	euart Gr	een		Margaret		ton		
Yes, no, i	er unknown) {	R IN U. S. ARMED FO If you, give war or does of W#1		CIAL SECURITY NO. 17. R	Lillian (reen ;	Address ad	dress as	# 2.
10.	PART I. DEATH	WAS CAUSED BY:			stive heart	failur			TERVAL BETWEEN
(o)	enditions. If only re rise to immedia, stoling The unuse Tost. PART II. OTHE	ote cause DUE TO		Cardiovascu	lar renal di		CONDITION GIVE	EN IN PART 1(o)	
E PRI	EXTERNAL CAUS MARY OF CONT USE OF DEATH.	E WAS TRIBUTING []	Db. DESCRIBE H	OW INJURY OCCURRED (E	nler noture of injury in Pa	rt I or Part 11 o	f stem 18.)		YES NO
20c	TIME OF INJURY Hour o.m.	Month, Doy, Ye	While	Not while of work	CE OF INJURY (Home, formary, street, office bldg., etc.	70f. (City e	or fown)	(County)	(\$10!
		4		nains described aba ises 🖪 , Accident [/ L=/	pection X ,	Inquiry 2	and in a

its designated agen 4 shauld be farward TO FUNERAL DIRECTO ö

VS A15ME

5M 2, S7

EXAMINER'S NAME (Type) John T. Maloney, M.D. 270 BURIAL CREMATION, 725. DATE THEREOF BURIAL 5/26/58

ACTUAL

H,

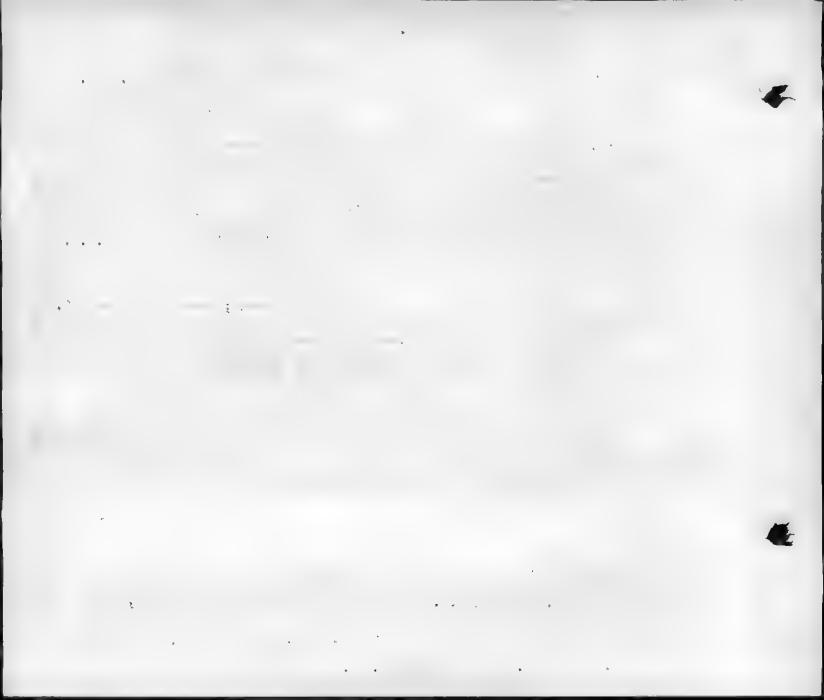
SIGNATURE

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER IN

CHIEF MEDICAL EXAMINER

May 224. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)

Burial 5/26/58
23. FUNERAL D RECTOR'S SIGNATURE Arlington Nat'l Com. om. Arlington Virginia 240. REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE The S. H. Hines Co. - Washington, D. C. DATEMAY 2 0



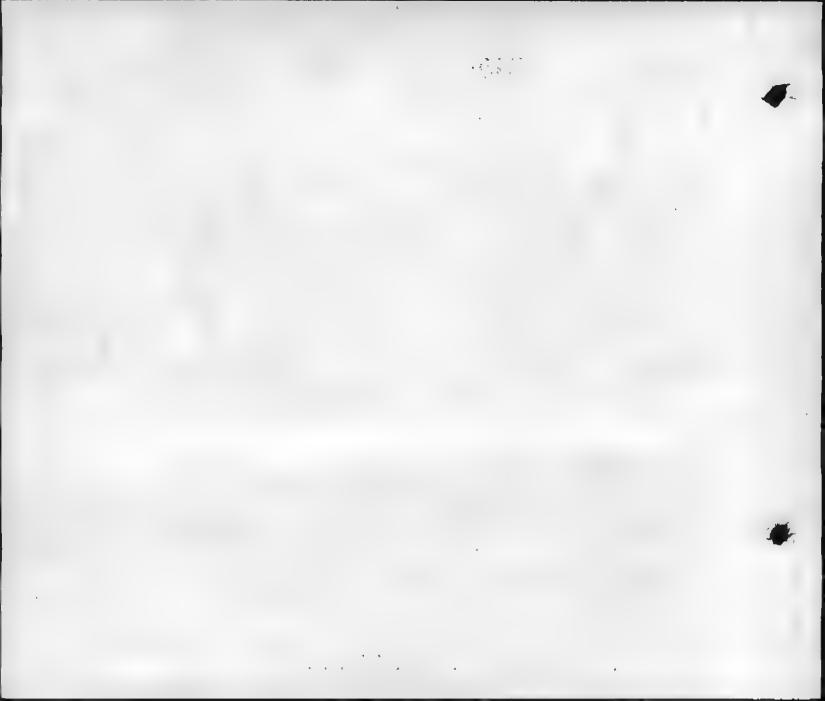
OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT

VS A15ME 5M 2/57

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06023
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceated lived. If institution Residence before admission)
	STATE MONTAND OSTATE MONTAND COUNTY THE COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give in treat lown) I c. CITY OR TOWN (If outside corporate limits, write RURAL and give interest lown)
	Pesculauran 5 year Personal Pesculauran
7	d. NAME OF HOSPIAL OR INSTITUTION (Il par in hospital) a street address) of street address)
	Jungali lood tungely load YES NOB
	3. NAME OF DECEASED A First A Middle Lost A DATE Month Doy Year
	(Type or print) Whice therence Groves DEATH ma 13 1908
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE IN years IF UNDER 24 HRS
	Female White WIDOWED DIVORCED Olob 1914 43 yrs. Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housande Gron Home Nestrict of Columbia U. S. a
	13. FATHER'S NAME
	Unknown Unknown
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	melton Thike Groves, same a #2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arute Congesting Kont factor
	44 X DUETO 17
	[Conditions, If ony, which] (b) Cardy was called Range despare
	gove rise to immediate couse (a), stating the underlying DUE TO
	couse fast, (c)
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO FOR MARY Or CONTRIBUTING CONTRIBUTION CONTRIBUTING
,	YES NO E
	20a. EXTERNAL CAUSE WAS PRIMARY Gor CONTRIBUTING G
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, Tarm, 20f. (City or lown) (County) (State) Hour e.m. 19 of work
	p m. 19 at work at work
	21. I certify that I took charge of the remains described obove, held on Autopsy . Inspection . Inquiry . ond in my
	opinion death resulted fram: Natural causes []. Accident []. Suicide [], Hamicide [], Undetermined monner []
	DATE SIGNED
	ACTUAL SIGNATURE OF ALL M.D CHIEF MEDICAL EXAMINER ()
	ASSISTANT MEDICAL EXAMINER
	NAME (TYP) AMES L. DOVE DEPUTY MEDICAL EXAMINER May 13, 1958
	270 BURIAL, CHEMATION 276. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Slote)
	BURIAL 5/15/1958 ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASH D. C. 1240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	MARTIN W. HYSONG COMPANY INC. 1300 N. STREET, N. W. DATE AND LES



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the properties or ottending physician.

TO FUNERAL DIRECTOR:

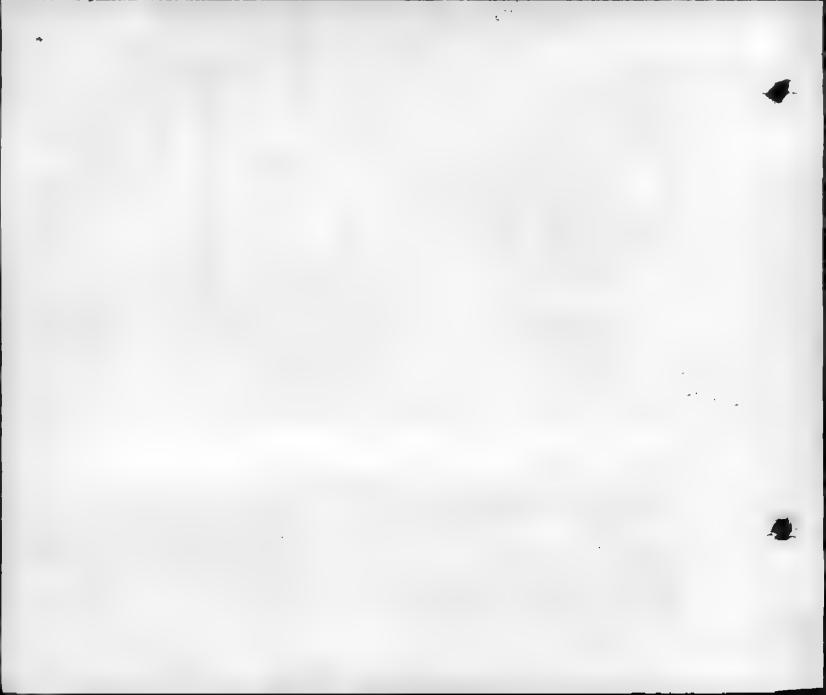
In this certificate has been signed by the ottending physician and campletely filled in by the funipoge 3 shauld be detacted for use as the buriof-transit permit. Then please remove corban papers. Pages 1 and 2 should the registror prior to buriof, cremotion, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 10/57 06024

6990 CERTIFICATE OF DEATH

Reg.	Dist.	No.

)		PLACE OF DEATH O. COUNTY PLUCE SEO MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence o. STATE b. COUNTY	before admiss on]
		b CUTY OR TOWN (If outside corporate limits, write RIRAL and give necess town)	c CITY OR TOWN Alf outside corporate limits, write RURAL and gr	ve neprest town)
		o NAME OF HOSPITAT (If not in hospital, give street oddress) OR INSTITUTION Hele - a - Resh Helice	d STREET ADDRESS Ill aug. 716	e. IS RESIDENCE ON A FARM? YES NO 14
		NAME OF DECEASED MARY VIRGINIA /	HAMMERLY OF DEATH Month	Day Yeor 3 19 5 8
	7	Fernale White WIDOWED DIVORCED []	nar. 5, 1867 Gy yrs Months C	YEAR IF UNDER 24 HRS Poys Hours Min
		o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUST during most of working life, even if retired)	Wheatland Va	EN OF WHAT COUNTRY
	13.	Welliam Beaus	14. MOTHER'S MAIDEN NAME Machine Jacks	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INI	Kun & Hammer 3805	39Ch St 2
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Or Obral Or	terioscleroses	INTERVAL BETWEEN ONSET AND DEATH OWL 2 ALCAL
)		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.		0
	CERTIFICATION		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(6) 19. WAS AUTOPSY PERFORMED? YES NO ST
			(Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLAC Hour b. m. While of work of otwork	E OF INJURY (Home, form, 20f (City or town) (Co	unty) (Slote)
		21. I certify that I attended the deceased fram 226.	, 1956, to may 3 1958, that I la	st saw the deceased
		alive an many of 1958, and that death of	accurred atM, fram the causes and an the	date stated above
,		SIGNATURE Janis H Shuman	o. 1635 mass, ave, 2	7. W
		PHYSICIAN'S Louis H. Shuman, MD	Washington 6	n. C
	10	REMOVAL (Specify) May 6/958 Male of CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. (OCATION (City, gwn. grounty)	Ua (Stole)
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 8/2 Ha	CICLO 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGN	IATURE



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gned

VS A15 (4)

15M 10/57



FOR STATE HEALTH DEPT.

AMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ining the ward "perilling" in pencil in tem, 18. Give Pages 1, 2, and 3 to the functal dimition 5 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Page 3 should be exed as a byrightenist permit. File pages 1 and 2 with the State Board of prior to burial, cremation, or remarkly, and is any event within 72 hours after death. 1

execute the certifico'.

4 should be forward.

7 o FUNERAL DIRECTOR: Pa

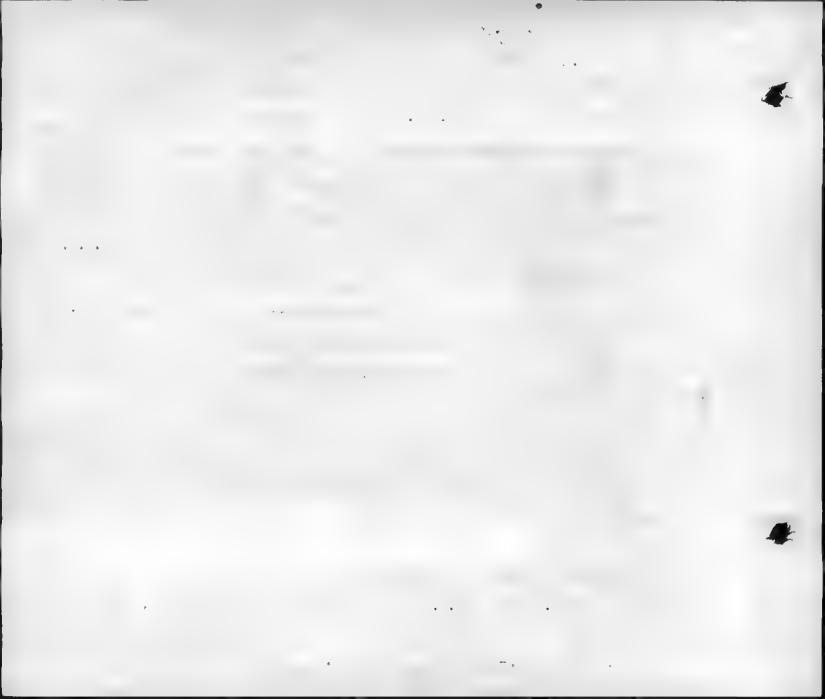
VS A15ME BM 2,57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

CAAL

06026 Reg. Dist. No

PLACE OF DEATH	U	.00		1	2 USUAL RESIDENCE (Where deced	sed lived If In	titulian Resid	— dence be	fore edmission)
a. COUNTY			444 894 4	- 1)	O. STATE A.		b. COU			,
	ce Georges		MARYLA		Indi		*************			
b. CITY OR TOWN (III and give negres) fown)	outside corporate limits, write l	HURAL	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (f outside cor	rporate limits, wi	ile RURAL or	nd g ve r	nearest fawn)
Chey	erly		D.O.A.		India	napol	is	52	× .	
d NAME OF HOSPITA	L OR INSTITUTION (if	ngt in hosp	ital, give street address)		d STREET ADDRESS					S PE IDENCE
Pri	nce Georges	Gene	ral Hospita	1	31,63	East	36th St	reet		YES NO
3. NAME OF	First		Middle		Lost	4. DATE		nih	Day	Year
DECEASED (Type or print)	Minnie	Cou.	lter	Her	ricksen	DEATH	May	6	th	1958
5. SEX	A THE PERSON NAMED IN COLUMN 1	· MARRIES	NEVER MARRIED				9 AGE (In years		-	IF UNDER 24 HR
		WIDOWED				7076	feet birthday)	Months	Days	Hours Min.
Female	HILLO		ND OF BUSINESS OR INI		December 4,		The second second	12 50		E WHAT COUNTR
during most of working		me IVD, KI	IAD OL BOSILARSS OK IIAI	DOSIKY			country	12 (1		
None					Indian	A			U.	S.A.
13. FATHER'S NAME		_		1	4 MOTHER'S MAIDEN!					
John	Henry Schol	1			Fan	ees Be	الملا			
15. WAS DECEASED EVE	R IN U. S. ARMED FORG		OCIAL SECURITY NO.	7. INF	ORMANT		Addr	015		
No	for Jan Bus were or stores or se-	,,,,,,,		Jan	es Coulter	. thru	Hines :	Funera	1 Hc	me.
	H Enter only one cause	per line fo	or (a), (b), and (c),)			£		2ada	~	EVAL BETWEEN
	H WAS CAUSED BY			esti	ive heart fa	oilure			ONS	ET AND DEATH
	IMMEDIATE CAUSE (a)		Acres cong.	CBV.	tan menta to	**************************************				_
442X	DUE TO		0							
Conditions, if an			Uardiovasc	UJER	renal disc	92.55				
gave rise to immed (a), staling the u										
cause last.	(c)					-				_
PART II, OTH	ER SIGNIFICANT CONDI	TIONS COL	NTRIBUTING TO DEATH &	UT NO	T RELATED TO THE YERM	UNAL DISEAS	SE CONDITION	GIVEN IN PA	RY 1(a) 1	
Š I										PERFORMED?
PART II, OTH PART II, OTH PART II, OTH CAUSE OF DEATH.	SE WAS 20b	DESCRIBE	HOW INJURY OCCURRE	D (Enle	or noture of injury in Par	rt I or Port i	t of Item 18)	-	1	3.
20g. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	TRIBUTING [•		•			
		20d In	NIURY OCCURRED 20e	PLACE	OF INJURY (Home fore	n 1201 (Cit	v es town)	10	punly)	(State)
Hour a.m.		While	Nat while	factory	, street, affice bldg., etc	100 (60	,	(C)	,,,,,	(3111-4)
	17		k al work							
21. I certify th	at I look charge	of the re	emains described o	obove	, held on Autops	зу 🔲 ,	nspection [, Inqui	гу 5	, and in m
opinion death	resulted from: N	aturol co	ouses 📆 . Accide	nt 🔲	, Suicide ,	Homicide	🔲 . Unde	etermined	manne	er 🗍
1 1	/		1							
ACTUAL	Show D. 9	Ada	longer -		M.D. CHIEF MEDICAL E	XAMINER [1			DATE SIGNED
SIGNATURE	MAKK 12	- Her	- VIVI		ASSISTANT MEDIC	-	-			
EXAMINER'S	Tolon M 34	7			DEPUTY MEDICAL			- 6 7	050	
NAME (Type)	John T. Ma			00.00				y 6, 1	סכל	
22a. BURIAL, CREMATION REMOVAL (Specify)	Z 11 /ZO		22c. NAME OF CEMETERY				ATION (City, tow			(State)
Removal	15/6/58	l	Bunnell C	eme	tery		ankfor		di a	
23. FUNERAL DIRECTOR		_20	MUURESS		N W 240. REC	'D BY REGIS	TRAR 246 RE	GISTINAN'S SI	GNATE	KÉ
The S. H.	TITLES OF	Wo	ol 14th St		DATE	AY 7	'58	it ed	uen	



ADDRESS

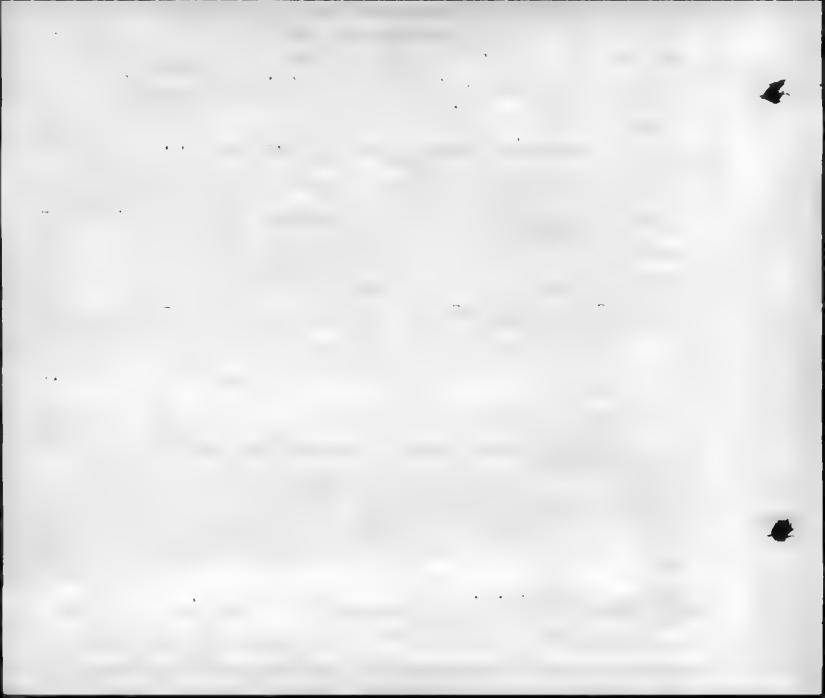
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06097

CATE OF DEATH		1	(10000
TAIL OF DEAT	l	Reg. Dist. N	ia.
2 USUAL RESIDENCE (WHO I STATE D. C	nere deceased lived. If institution b. COUNTY	n: Residence be	fore admission)
c. CITY OR TOWN (IF a	outside corporate limits, write RU	RAL and give s	rearest town)
•• Wash	ington	· ·	· ·
d. STREET ADDRESS 2122 Mass.	, Avenue, N.W.		ON A FARM?
lost	4. DATE Month		Day Year
HENRY	DEATH Ma	4 2	7, 1958
3/31/1905		Months Days	Hours Min.
DUSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
French Wes	t Indies	Unkno	īdn.
14. MOTHER'S MAIDEN N		01111110	****
Ida Bertha	Henry		
INFORMANT	Addre	33	
Decedent	0.0		
chage			TERVAL BETWEEN NSET AND DEATH L day
culosis			6 vrs
			3 3 3 3
EUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
RED, (Enter nature of injury in 1	Port I or Port II of item 18.)		
PLACE OF INJURY (Home, form factory, street, office bldg., etc.	20f. (City or town)	(Count	(State)
7 19560 to V	Kay 27, 1958	that I last	tau the decorre
th occurred of 2+20	M. from the couses on	d on the d	ote stated above
	ADDRESS (Street, city or town, st		DATE SIGNED
	n Dale Hospital		5/27/58
Glen	n Dale, Md.		
OR CREMATORY	22d. LOCATION (City, town, or	county)	(Stote)
ulu	4 soling	un -	1

240. REC'D SY REGISTRAR

246 REGISTRAR'S SIGNATURE



VS A15 (4) 15M 9/55

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ARYLAND STAT	E DEPARTMENT	OF HEALTH—BALTIMORE,	18
6000	CERTIFICATE	OF DEATH	

0032 CERTIFICATE OF DEATH Reg. Dist. No. 06028

D. COUNTY PROCED MARYLAND D. COUNTY PROCED STATE D.
B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) **MICHICAN PK.** HILLS **MICHICAN PK.*
ANAME OF HOSPITAL (If not in hospital, give street oddress) A STREET ADDRESS A STRE
OR INSTITUTION SHOP SHOW IN THE PL. ON A FARM? YES ON NO STARM? YES NO STARM
3. NAME OF DECRASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH WIDOWED DIVORCED 04 T. 25 1879 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) WIDOWED 12. CITIZEN OF WHAT COUNTRY? HE LIGHT WITH WIDOWED 14. MOTHER'S MAIDEN NAME 14. MOTHER'S NAME
(Type or print) ANNA PACLINE 116-G3 DEATH 7AY 193 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Windowed DIVORCED 100 USUAL OCCUPATION (Give kind of work done) OCT. 25 1879 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Wonths Months Days Hours Min 100 USUAL OCCUPATION (Give kind of work done) OUT. 25 1879 FOR MONTHS MONTHS 12. CITIZEN OF WHAT COUNTRY? ST. MARY'S COUNTY USA 13. FATHER'S NAME
(Type or print) A A A A A A A A A A A A A A A A A A A
FIMALE WHITE WIDOWED DIVORCED OLT. 25 1879 Tost birthday) Months Days Hours Min 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) HOLD WIFE AT HOME ST. MARY'S COUNTY USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. CITIZEN OF WHAT COUNTRY 15. CITIZEN OF WHAT COUNTRY 16. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 19.
during most of working life, even if retired) AT HOME ST. MARY'S COUNTY USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
$A \cap A \cap$
Meller Die -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 402 - 14 Id. Pl
NE NE NONE PRONE MONE MONE MONE MONE MONE MONERAL PRINCE HUNTER MILHIEAN PR. HILLS.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
PART 1. DEATH WAS CAUSED BY: GALLENOUS Particular Cause (a) Carcinomo Particular Cause (b)
IX DUE TO
Conditions, if any, which } [b]
gove rise to immediate course (a), stating the under-
lying couse lost. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER.
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work
21. I certify that I attended the deceased from John John 1950, to Mary 8, 1958, that I last saw the deceased
alive an Think I 1958, and that death occurred at live M, from the causes and on the date stated above.
ADDRESS (Street, city or town, stole) DATE SIGNED
SIGNATURE WILLIAMALUL M.D. 1801 - age St. M. W. 1 3/7/58
PHYSICIAN'S C. WILLARD CAMALIER JV. Wash, 6, D. C.
220/BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Jown, or county) (Stote)
REMOVAL (Specify) 5-12-58 CHRIST CHURCH CEMETARY CHAPILO
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
W.W. CHAMAERS CO. PIVERDALE MD DATE MAY 12:50 Chemeanen



Reg. Dist. No.

06029

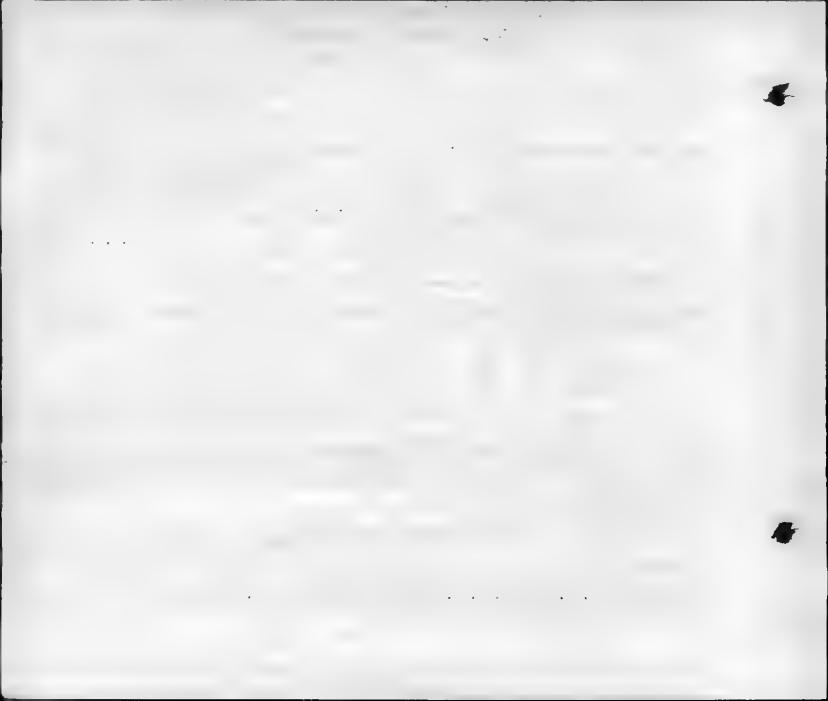
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director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page 4 D FUNERAL DIRECTOR for this certificate has been signed by the ottending physicion and completely filled in by the fundage 3 should be delimited to use as the buriot-transit permit. Then please remays-carbon papers. Pages 1 and 2 should the registrar prior to buriot, cremation, or amoval, and in any event within 72 hours often death. 10a 13. 15. [Ye MEDICAL CERTIFICATION TO FUNERAL DIRECTO

COUNTY	ieorge		MARYLAND	o STATE		L COUNTY	The state of	lare admiss	
b. CITY OR TOWN (IF	outside corporale limit prest town)	s, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpora			earest low	n)
. I. nrol	·			A Rurel .	- Laurel				
OR INSTITUTION	AL (If not in hospital, gi			d. STREET ADDRESS	S				FARM?
Louis 30	eneral Hos	ital, I	nc.					YES L] NO 🖸
NAME OF DECEASED	Fin		Middle	Lest Fri 1.1	4. DATE OF DEATH	Mon	th (~ ~	Year
(Type or print)		agie					T	~	19 🃑
male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	227	AGE (In years last birthday)	Months Doys		Min.
. USUAL OCCUPATIO		lone 10h KIND	OF RUSINESS OR IND	USTRY 11. BIRTHPLACE (SI	late or famiga cou		12. CITIZEN	OF WHAT	COUNT
during most at worki	ng life, even it retired)	1	Lame.	Wahi	ston	D.C.	TT.S.		
FATHER'S NAME				14. MOTHER'S MAIDE	NAME				
Columbus	Brashears			Susan F	v				
	IN U. S. ARMED FOR		AL SECURITY NO. 17.	INFORMANT	f	Add	1833		//
s. no or unknown)	f yes, give war or dates of te	wwice]	/	Burns H	ill	Laur	el 1	nel	
18 CAUSE OF DEAT	TH [Enter only one co	use per line for	(o), (b), and (c).]				IIN		ETWEEN
	H WAS CAUSED BY:	America	ta Condina	nale tata			OI	NSET AND	DEATH
	IMMEDIATE CAUSE (o)		te Cardine					-	
149.2	DUE TO	E.	eneralized	Curcenoma					
Conditions, if on		L							
gove rise to im									
couse (o), stating the lying couse lost.									
	FR SIGNIFICANT CONI		RIBUTING TO DEATH BU	JT NOT RELATED TO THE TE	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS PERFO YES	DRMED?
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature of injury	in Port I ar Part I	It of item 1B)			
20c. TIME OF INJURY	Month, Day, Yea	ır 20d. INJURY	OCCUPPED 20a	PLACE OF INJURY IHome.	form, 20f. (City o		25		254-4-
Hour a.m.	19	While		lociory, street, office bldg.,		ar rown;	(Count	0	(State
	at) attended the	deceased fr	rom	, 195 Cho	5/2	2 , 195	≲Mat I last	saw the	deceas
alive on	/21	19:5°5	and that deal	h accurred at \$		the causes o	ind an the d		
ACTUAL SIGNATURE	3/	11	lass	- (LO ₂	ADDRESS (Sire	set, city or town,	state}	D	ATE SIGN
PHYSICIAN'S NAME (Type)	B. P. Way	rren, M	. D., 305	Prince Geor	ge St.,	Jour 7,	' ryl m	d	
BURIAL, CREMATION	1, 226. DATE THEREO		NAME OF CEMPTERY	OR CREMATORY	22d. 19CATK	ON [City, town,	or county)	(Stol	le)
Durial	May 24	1958	my Nell	2 Cemetery	Lan		Man	la	nel
FUNERAL DIRECTOR'S	SIGNATURE	1	ADDMESS	97. / 246 F	REC'D BY REGISTR	AR 246 REGIS	STRAR'S SIGNAT	UKE	

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY b. COUNTY. MARYLAND ringe rordes b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? marlbore 34 YES NO R puo NAME OF Middle 4. DATE OF Lost Day Yeor DECEASED 0 (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Dovs Hours WIDOWED [DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) $M \vdash R$ carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours тауе 15. WAS DECEASED EVERTIN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17_INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clear Cell CA of.Kidney **DUE TO** á Conditions, if ony, which signed gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. **burial-transit** (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) 6. (1. While Not while at work p. m. at work 21. I certify that I attended the deceased fram. 195 that I last saw the deceased alive on and that death occurred at S M, fram the causes and an the date stated above Ö ADDRESS (Street, city or fown, stole) DATE SIGNED ACTUAL SIGNATUR prior shauld PHYSICIAN'S NAME (Type) FUNER/ 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 22d LOCATION (City, town, or county) (Stote) pode REMOVAL (Specify) RIONAI

ADDRESS

24a. RECTO AT REGISTRAS

DATE

Min

(Stote)

0 VS A15 (4)

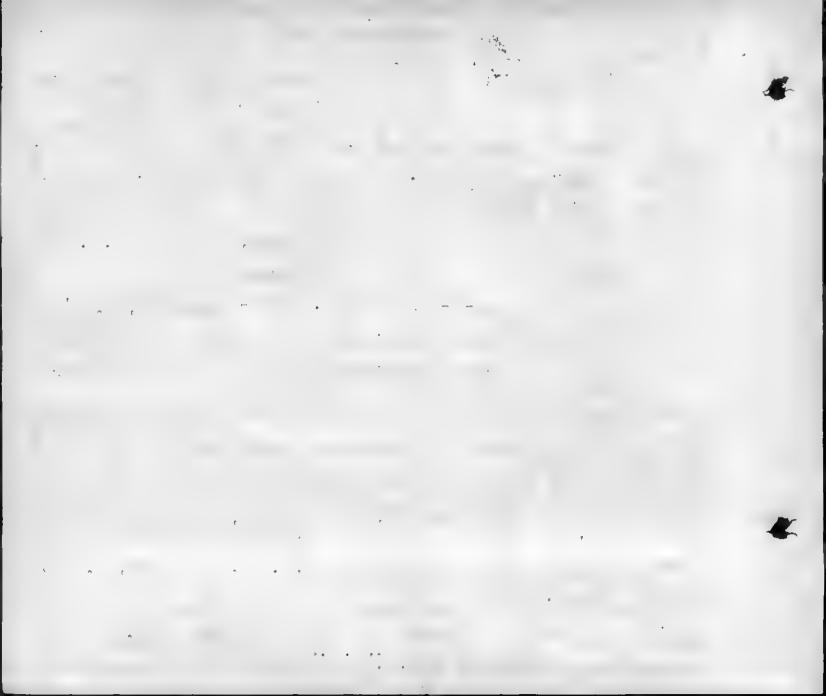
23. FUNERAL DIRECTOR'S SIGNATURE



06031

Rea. Dist. No. 1. PLACE OF DEATH Prince Georges General Hosp. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND Maryland Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Colmar Manor Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Lawrence Street YES NO DE NAME OF First Middle 4. DATE Month Year DECEASED 58 May 10. C. Holmes (Type or print) Esther DEATH 19 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Days Hours DIVORCED T Female White WIDOWED [7] yrs. Toa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Williamsport, U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Zwisle Annie Croucher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4327 Lawrence Street. 0 + 2 - 10 - 4621George M. Holmes no Colmar Manor, Md. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronary Occlusion Sudden 420,1 **DUE TO** Coronary Heart Disease Conditions, if ony, which l year ťЫ gove rise to immediate **DUE TO** catte (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🔭 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while ot work of work 21. I certify that I ottended the deceased from March 27. May 10. May 2. and that death occurred at 4:35AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Ave. PHYSICIAN'S Thomas J. Kelly NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOYAL (Specify) Wildwood Burial 5/11/58 Williamsport. Pa. Bladensburg Rd., N. ington 18, D. C. 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE E. DATE Washington

death 29 ofter Pages letely papers. сопр a. gned ε per -fransit 8 DIREC prior 0 shaul FUNERAL ന page 0 **VS A15 (4)** 15M 9/55

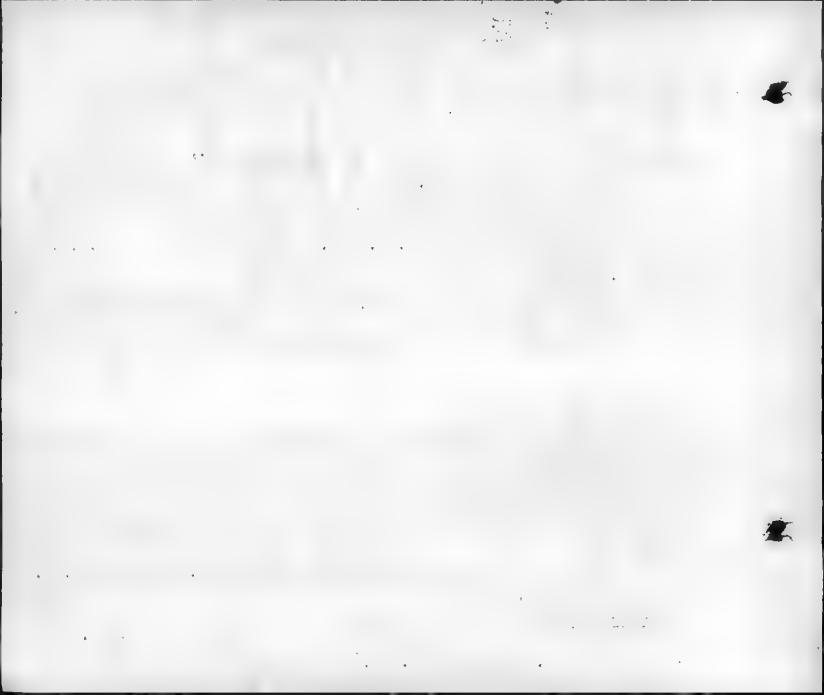


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 6000

06022

		0						Re	g. Dist. N	0.[3 () {)	06
1. PLACE OF DEATH			- 11	. USUAL RESIDENCE	E (Wh	ere deceased	l lived. If it b. CO		rsidence be	fare adm ssic	or)
Prince Geor	295	MARYL	AND	Marylar	nd		T3.	rince	Georg	705	
	utside corparate limits, write	C. LENGTH OF STAY II	1 /	c. CITY OR TOW	N (If o	utside corpo	rate limits, v	vrite RURAL			
Cheverly		17 Days	9 /	Hyatts	<u>rill</u>	.0,					
OR INSTITUTION	(If not in haspital, give street	oddress)	1	d. STREET ADDRI						e. IS RESTI	FARM?
Prince Geo	rges General			5626	Di i	erton	P1			YES 🗌	но 🔲
3. NAME OF DECEASED (Type or print)	First Hom er	Middle		Last		4. DATE OF T DEATH		Month	-		ear 20
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Male	White widow	RIED 🚺 NEVER MARRIED ED 🔲 DIVORCED		23 June	190	7	9 AGE (In lost birth	day) Mai			Min
10a. USUAL OCCUPATION during most of working	(Give kind of work done 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE	(State o	or foreign co		1	2. CITIZEN	OF WHAT	OUNTRY
Salesman	Monumental	Life Ins.	.Co.	Md.					Į	J.S.A	
13. FATHER'S NAME			-	14. MOTHER'S MAI	DEN N	AME					
Homer L.				Jane	Gr	ау					
15 WAS DECEASED EVER II	N U S ARMED FORCES? 16	SOCIAL SECURITY NO	17. INFC	RMANT				Address	Hvat	tsvil	le.M
no	no		Mrs	Anna H	owa	rd Hu	ighes	,562	6 Eat	perto	n Pl
	Enter only one couse per li	ne far (a), (b) and (c)]	- ^	1 -	0	0	-1 /	1	1 IN	TERVAL BET	WEEN
PART I. DEATH	WAS CAUSED BY:	11 Bar ausu	W. Ti	Len DIC	Von	ati.	(and	IMMA	11/10	SET AND	DEATH
441				.0.3	0.0	40	Carre		Land Service		
Candilians, if any,			4-11	112	-	ملك				2	
gave rise to imm	eduate	raciquen		4 parcen	AL	127				1	
couse (a), stating the		1		/1							
lying cause lost.) (c)	4		<i></i>							
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3 × 1 × X		Lobar	100	reuma	111	(a)				YES []	
20g ACCIDENT WAS OR CONTRIBUTING DI	CAUSE OF DEATH	CRIBE HOW INJURY OC	CULLED (Enter nature of inju	ry in P	art I ar Part	El of item 1	B.)		-	
-											
S 20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d II While	NJURY OCCURRED 2 Not while		OF INJURY (Home y, street, office bldg			or town)		(County	1)	(State)
₹ p. m.	19 at wor					1					
21. I certify that	l attended the deceas	ed from M	ui 11	7 19 58, 10		may	271	55 th	at I lost :	saw the c	laceased
alive on	14 27 1915	1-1-1	-	curred at	09	TM, from				ate stated	
/1	11 nr 1 Can	()'				DDRESS (51					TE SIGNED
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PHYSICIAN'S W	illiam D. Ro	osson									
22a BURIAL, CELLATION.	22b. DATE THEREOF	22c NAME OF CEMET	ERY OR C	PEMATORY		22d. LOCAT	ION (City, t	awn, or cay	ntyl	(State)	
- hunisi	5/30/58	Bethany N	Metho	odist Co	em.		omok			Id.	
23. FUNERAL DIRECTOR'S S	IGNATURE		sh, I			BY REGISTI	7	REGISTRAR			
The S.H.Hi	nes Co.,2903	l 14th St.	N	W. DAI	е МА	Y 2 9 '9	58	den!	. h	1	
				UA			-	No Hay	Rouns	Λ	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5999 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (if bulside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Hyattsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rockford Drive YES 🗍 NO 🕼 NAME OF 4. DATE Middle Lou Manth Year Day DECEASED OF (Type or print) DEATH 1958 9. AGE (In years last birthday) 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months rbon papers. ter death. WIDOWED IV DIVORCED 1Da USUAL OCCUPATION (Give kind of work done 10b, KIND OF OR INDUSTR 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired pup A3. FATHER'S NAME MOTHER'S MAIDEN NAME COL 6 S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which (6) gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part for Port II of item 18.) DICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. n. While Not while at work \square at work 21. I certify that I attended the deceased from 19____,that I last saw the deceased alive on and that death occurred M, from the causes and on the date stated above. õ ADDRESS (Street, city or town, ACTUAL SIGNATUR PHYSICIAN'S HOSPITA NAME (Type) may be r 220. BURIAL, CREMATION, 1 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) .958 Washington D.C. 10th.1 Mt Olivet Mav O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Lee Funeral Home VS A15 [4] Washington D.C. DATEY 15M 9/55



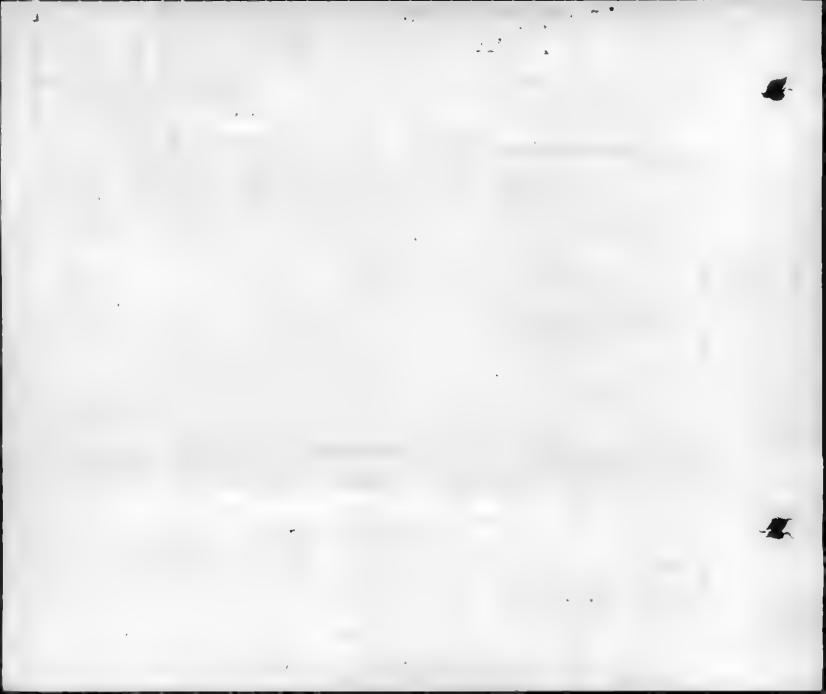
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6939

CERTIFICATE OF DEATH

Reg. Dist. No. (16034

S. SEX 6 COLOR OR RACE White Whote Who will Who wil											
Characteristics with the control of	a. COUNTY	Prince Geor	ge	MARYLAND	II o STATE		nere deceased		v	_	
Cherry I. M. d Note of 160 Med 16 Me	b. CITY OR TOWN (I	f autside carporale limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If a	outside corpor	ole limits, write	RURAL and gi	ve nearest	lawn)
Prince George General Hospital 6101 Queens Chapel Road Vis No No No No No No No N	•	· ·			/ Hyat	tsvil	le,Mi				
Prince George General Hospital Modelle Lost Good Road VES NO	OR INSTITUTION	At (If not in hospital, gi	ive street	address)	d. STREET A	DDRESS					
3 NAME OF DECEASED IVER DECEASED IVER BY SAME OF DECEASED IN THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE) 10 NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 NAS AUTOR COURSE (F) IN COURSE (F	Prince G	eorge Gener	al H	lospital	6101	Que	ens Ch	napel F	load		
S. SEX 6 COLOR OR RACE 7. MARRIED R. NEVER MARRIED R. DATE OF BIRTH 9. AGE (In year) IF UNDER 11 VERN IT UNDER 21.1 Male White Whow DIVORCED DIVORCED P. AGE (In year) IF UNDER 11 VERN IT UNDER 21.1 100 USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR RADUSTRY 11. BIRTHPLACE (State or foreign country) Months) Day Hours Margaret No. STATE N	3 NAME OF				Lost			Mo	ınih	Day	Year
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Male	5. SEX	6. COLOR OR RACE	7. MARE	RIED 📆 NEVER MARRIED 🔲	B. DATE OF BIRTH			9. AGE (In years			
Shop Pot Intervine life, even if shifes to Road Comm. 13. FATHER'S NAME Harry C Irwin 15. WAS DISCEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Margaret M Irwin Hyattsville Md. 16. CAUSE OF DEATH [Enter only one couse per line for [o], [ib], and [c]] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o]. Conditions, if one, which gave rise to immediate couse [o], inding the under: In couse [o], inding the under: In other significant conditions contributing to Death But not related to the terminal disease condition given in Part II of Item 18.] Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.] 20. ACCIDENT WAS UNDERLYING [I] OR CONTRIBUTING [I] CAUSE OF DEATH OR CONTRIBUTING [I] CAUSE OF DEATH HOUR on. 19. While [ITHER, NOTHER MEDICAL EXAMINER] 21. I certify that I attended the deceased from [IVEN] 21. I certify that I attended the deceased from [IVEN] ACCIDENT WAS UNDERLYING [IVEN] 22. I certify that I attended the deceased from [IVEN] 23. I certify that I attended the deceased from [IVEN] ACTUAL ACCIDENT WAS UNDERLYING [IVEN] 24. I certify that I attended the deceased from [IVEN] 25. I certify that I attended the deceased from [IVEN] 26. Kelley 27. And that death accurred at [IVEN] ACTUAL CREMATION [27. DATE THEREOF [IVEN] RELATED TO THE EREOF [IVEN] RELATED TO THE THEREOF [IVEN] RELATED TO THE THEREOF [IVEN] RELATED TO THE TERMINAL DISEASE CONDITION (County) [IVEN] 18. ACTUAL CREMATION [IVEN] RELATED TO THE THEREOF [IVEN] RELATED TO THE TERMINAL RELATED TO THE THEREOF [IVEN] RELATED TO THE THE TO THE THE THE THEREOF [IVEN] RELATED TO THE THE THEREOF [I	Male	White	WIDOWI	ED DIVORCED	11-	17-	88			Pays Ha	urs //tin
Harry C Irwin Ada M Ginter 15 WAS DÉCEASEDEVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO 17 INFORMANT YES Y W I Margaret M Irwin Hyattsville Md. 16 CAUSE OF DEATH [Enter only one couse per line for [0]. [b]. and [c]] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0] Caralla Alac DUE TO Conditions, if any, which gave rise to immediate couse (o), storing the winder DUE TO Typing cause lost: (c) Part H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED YES NO 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18.) 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18.) 20a TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 100). (City or town) (County) (St. White Other of the couses and on the date stated of ADDRESS (Street, city or town, stole) DATE SI SIGNATURE 10 10 10 10 10 10 10 1	Shop Porem	ON (Give kind of work d king life, even if raticed) AN Sta	te R	kind of Business or Ind		CE (State	ar foreign co	untry)			
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PART I. DEATH WAS CAUSE DRY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the under lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20a ACCIDENT WAS UNDERLYING While CAUSE OF DEATH II of INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B.) 20c TIME OF INJURY Manth, Day, Year While Color of While Color, street, affice bldg., etc.) 21. I certify that I attended the deceased from 19 , and that death occurred at Manual Adoress (Street, city or town, state) 22. I certify that I attended the deceased from 19 , and that death occurred at Manual Adoress (Street, city or town, state) 23. BURIAL CREMATION, 226 DATE THEREOF 226 NAME OF CREMETERY OR CREMATORY 226 JOCATION (City, town, or county) (State)	Yes	WW 1	saice)	Ma	rgaret M	Irw	in Hy	attsvil	lle Md	•	
Conditions, if any, which gave rise to immediate cause (a), stoting the under-tying cause last. Conditions of the under-tying cause cause and an the date stated at under-tying cause last. Conditions of the under-tying cause cause and an the date stated of under-tying cause cause and an the date stated of under-tying cause cause and an the date stated of under-tying cause cause and an the date stated of under-tying cause cause and an the date stated of under-tying cause			use per lin	ne far (a), (b), and (c)]							
Conditions, if any, which gave rise to immediate cause (a), storing the under lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While of work of		IMMEDIATE CAUSE (0)	(acheric	2					611	sed,
gave rise to immediate couse (a), stating the under lying course last. Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED YES NO ROOMTRIBUTING COURSED (Enter nature of injury in Part I or Part II of item IB.) 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB.) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While of work of injury (Home, form, factory, street, diffice bidg., etc.) 19		•	72		**	P		man . Male			
Cause (a), stating the winder Due to Iying cause last. Cc Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORMED YES NO NO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Not while of wark ol work Olive on 19		mmediate (TAI	mary (as	concer	14 71	una	· Wic	AS (351.	1/-	montha
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOIN PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While at work of income, form, 19 and while at work 19 and that death occurred ot 19 and that death occurred ot 19 and the date stated of ADDRESS (Street, city or form, stote) 21. I certify that I attended the deceased from 19 and that death occurred ot 19 and the date stated of ADDRESS (Street, city or form, stote) ACTUAL SIGNATURE ADDRESS (Street, city or form, stote) PHYSICIAN'S NAME (Type) Dr. G. KEILEY 22a. BURIAL CREMATION, 12b DATE THEREOF 12c NAME OF CEMETERY OR CREMATORY 12d, LOCATION (City, town, or county) (State)	cause (a), stating			1			-0				
20c TIME OF INJURY Manth, Day. Year 20d INJURY OCCURRED While at work of work			OTTONS O	CONTRIBUTION TO CEATH BE	IT NOT SELATED TO	THE TEAM	NAL DISCASE	COMPITION O		1 10 11	AC AUTOROW
20c. TIME OF INJURY Manth. Day. Year 20d INJURY OCCURRED While Not while at work of wo	OI CATIO								IVEN IN PAKI	PE	RFORMED?
21. I certify that I attended the deceased from		CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCCUR	RED (Enter nature of	injury in I	Part I or Part	II of item 18.)			
21. I certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 19 M, from the causes and an the date stated at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 1 AU 19 M 19	20c TIME OF INJUR	Y Manth, Day, Yea			PLACE OF INJURY (H	ame, form	20f. (City	ar lown)	(Co	unty)	(Stole)
alive on	₽. m.	19			and y model, differ	arog., erc.					
alive on	21. I certify th	at I attended the	decease	ed from	19	to		19	that I la	ist saw t	he deceased
ACTUAL SIGNATURE STORE LA CELLA M.D. 6/2-1-41.T. Au-+ 4-2.1. Md 5/10 PHYSICIAN'S NAME (Type) Dr. G. Kelley 220. BURIAL CREMATION, 226 DATE THEREOF 221. STORE OF CEMETERY OR CREMATORY 2221. STORE OF CEMETERY OR CREMATORY 2232. BURIAL CREMATION, 226 DATE THEREOF 2242. STORE OF CEMETERY OR CREMATORY 2243. SOCIETY OF CREMATORY 2244. SOCIETY OF CREMATORY 2256. SOCIETY OF CREMATORY 2267. SOCIETY OF CREMATORY 2268. SOCIETY OF CREMATORY 2268. SOCIETY OF CREMATORY 2269. SO	1 *					47	. #				
PHYSICIAN'S NAME (Type) Dr. G. Kelley 22a. BURIAL CREMATION, 12b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) 15tote)		1 0								dule si	DATE SIGNED
NAME (Type) Dr. G. Kelley 22a. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Idwa, or county) (State)	ACTUAL SIGNATURE	orden	1	Kelley	MD 6129	-41.	TAu-	· H52	42.0	11	5/10/5
		Dr. G. Kel	ley								
			F	22c NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ION (City, tawn,	or county)	(State)
Burial May 13, 1958 Fort L ncoln Cemetery Colmar Manor, Md.	Burial	May 13.	1958		oln Cemet	ery	Colma	r Mano	r. Md.		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR	//				24a. REC'I	D BY REGISTR	RAR 246 REG	ISTRAR'S SIGN	MUTAI	
F. Gasches Hyattsville Md. DATE WAY 4 4 '58 Che church	F. Gasch	Asc Hons H	lyatt	sville Md.		DATE 64	AV 4 4 '	58	I hear	uch	



FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 17152
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
S S S	Prince Georges Maryland B. COUNTY Pr. Geo.
de Hall	b. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest lown] c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
your dof	Adelphi l year X Adelphi
for dire	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RE DEGLE ON A FARM?
Froll F. B. B. C. C.	2200 Block Lackawanna Street 2200 Block Lackawanna Street
fun fun fun foir feat feat	3. NAME OF DECEASED FIRST Middle Lost 4. DATE Month Doy Year
i he re	(Type or print) Elmer Joseph Jenkins DEATH May
th the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE In years I FUNDER 174 HK
2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	Male White WIDOWED DIVORCED 12-25-17 40 yrs WIDOWS NR.
22 de 2	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
2 - E	Laborer Maryland U.S.A.
W S S S S S S S S S S S S S S S S S S S	13. FATHER'S NAME
Pod a to a	Jesse James Jenkins Grace ?
SE SE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [You, no, or unknown] [If you, give was or dates at service] 16. SOCIAL SECURITY NO. 17. INPORMANT Address
	Roberta Jenkins; same address as # 2.
18 18 18 18 18 18 18 18 18 18 18 18 18 1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] NIEPVAL STIVIETY ONSET AND DEATH
Transfer of the second	IMMEDIATE CAUSE [6] Shock
o o o o o	9/6.0 DUE TO
iological A	Conditions, if ony, which (b) Universal 3rd and 4th degree burns of body.
0.00	(a), stating the underlying DUE TO
on,	couse lost. (c)
P C C C C C C C C C C C C C C C C C C C	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? YES NO
C d C C C C C C C C C C C C C C C C C C	
of to	200. EXTERNAL CAUSE WAS 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Hem 18.) 201. EXTERNAL CAUSE WAS 202. EXTERNAL CAUSE WAS 203. EXTERNAL CAUSE WAS 204. EXTERNAL CAUSE WAS 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 or Hem 18.) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 or Hem 18.) 207. EXTERNAL CAUSE WAS 208. EXTERNAL CAUSE WAS 208. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 or Por
wa wa pari	
5 4 G 4 5	20c. TIME OF INJURY Mor.h, Doy, Year While Not while Sectory, street, office bldg., etc.) Not work of
O P P P P P P P P P P P P P P P P P P P	
0 0	21. I certify that I tock charge of the remains described above, held an Autopsy, Inspection, Inquiry, ond in my
- F 5	opinion death resulted from: Natural couses [], Accident [], Suicide [], Hamicide [], Undetermined monner []
d o ECT	ACTUAL ON SUPERIOR STREET
Certiff Certiff DIRE nated	SIGNATURE M.D. CHIEF MEDICAL EAAMINER
Al Al	ASSISTANT MEDICAL EXAMINER
de Resident	NAME (Type) John T. Miloney, M.D. DEPUTY MEDICAL EXAMINER 17 May 17 , 1958
Short Short	220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
2 0 0	BURIAL 5/21/58 GEORGI WASHINGTON GEMETURY HYATTSVILI NO.
S A15ME	23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE (1) AHMUNI G. THIM MILL STYLLD CODE TAILS.
5M 2/57 129	COLDENEUS. TUMPULLY, STLVER SPRING, MD. DATEMAY 2 0 '58 COLD

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5M 2/57 1 10





06036

24b. REGISTRAR'S SIGNATURE

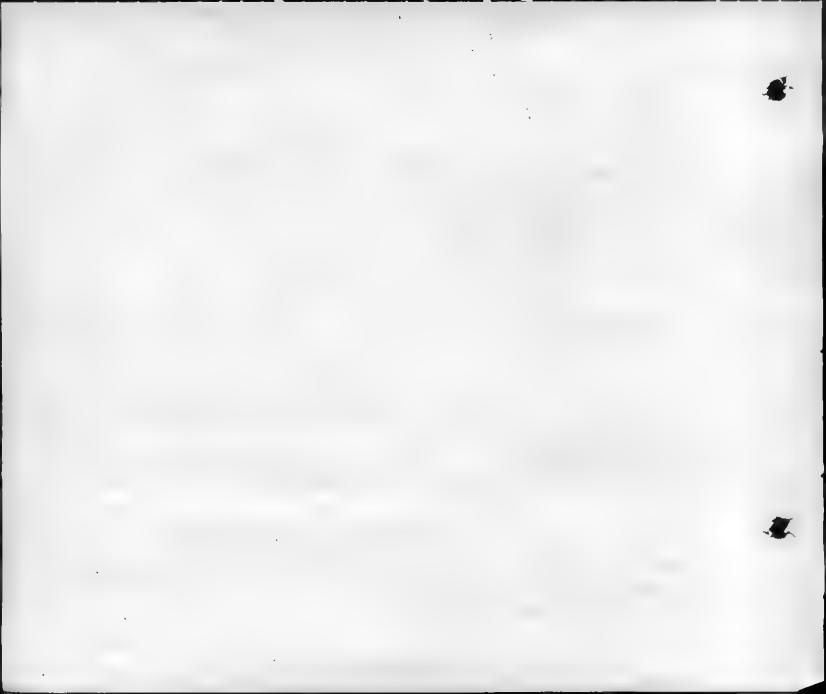
240. REC'D BY REGISTRAR

DATE

₹ ce, kg	L	CERTIFICATE OF DEATH	Reg. Dist. No.
ž (M)	ì.	o. COUNTY	If institution produce before admission COUNTY (See See
fund fund bld be		b CITY OR TOWN (If outside corporate limits wife c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limit fly 20 years 1 Hyalleville,	Incwrite RURAL and give nearest town)
by the	1	d MARIE OF HOSPITAL (If not in hospital, give street oddress) OKTINITIVITION HOLLY HILL A STREET ADDRESS HOLLY HILL HOLLY	e is residence on a farm? yes \square no \square
in 24 ho fulled ur ges 1 or	3	NAME OF DECEASED (Type or print) NETTIE HARPER JOIAS DEATH >	hay 6, Day Year 1958
d with	1/2	emale with widowed Divorced Divorced 1874 1874	(In years IF UNDER 1 YEAR IF UNDER 24 HRS Hours Min
ond comp bon poper of death.	100	to USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) Housewife From Home	12 CITIZEN OF WHAT COUNTRY
sate be siricion or e corba	13.	william Harper . 14 MOTHER'S MAIDEN NAME . Nancy Hears	
ing physic remover		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT ME Paul nystram	Systlsville me
he dead of offend on pleas		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
es that II		Conditions, if ony, which pove rise to immediate (b) Common Heart Piers	2 412
ion ion nsit per ond in	7	couse (a), stating the under DUE TO lying couse lost. (c) Grandling of artering and a	avia 10 yrs
he low physic hos bee riol-tra noval,	CATION	PART II OTHER SIGNIFICANT CONDITIONS <u>dontributing to death</u> but not related to the terminal disease conditions.	TION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO NO
IAN: T	CERTIF	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of the (IF EITHER, NOTIFY MEDICAL EXAMINER)	m 18)
PHYSIC all ar off this certification r use as emotion	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Not While Not while of work of work of work 19 of w	(County) (State)
Sed for		21. I certify that I attended the deceased from 210 0, 1941, to 210 6.	19.52 that I last saw the deceased
ATTEN by the CTOR e detock or to bur		alive on 19.6 P.M. from the c	auses and an the date stated above or town, state) DATE SIGNET
Al OR		SIGNATURE Waldo B. Mayer M.D. 3503 Perty St. PHYSICIAN'S \\(\lambda \	Mt.RainierMd. 5.8-58
OSPIT, be re JNERA e 3 sh registr	220	NAME (Type) Wa/do /3. Moyers BUNDLAN (CIPTOR) 226 DATE THEREOF / 122 NAME OF CEMETERY OF CHEMATORY / 22d JOSATION (CI	y, town, or county) (Stote)
10 10 10 10 10 10 10 10 10 10 10 10 10 1	23.	Division 5/9/58 Methodist Cemelery Stand	sonville, ma

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be VS A15 (4) 15M 10/57





VS A15 (4) 15M 10/S7

ADDRESS (Street, city or lown, state) 22d LOCATION (City, fown, or county) (State) Cheverly, Md. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REGISTRAR'S SIGNATUR 24o, REC'D BY REGISTRAR 24b Penn. Jr., Administrator DATE

06037

e. IS RESIDENCE ON A FARM?

Days

(County)

12 CITIZEN OF WHAT COUNTRY

INTERVAL RETWEEN ONSET AND DEATH

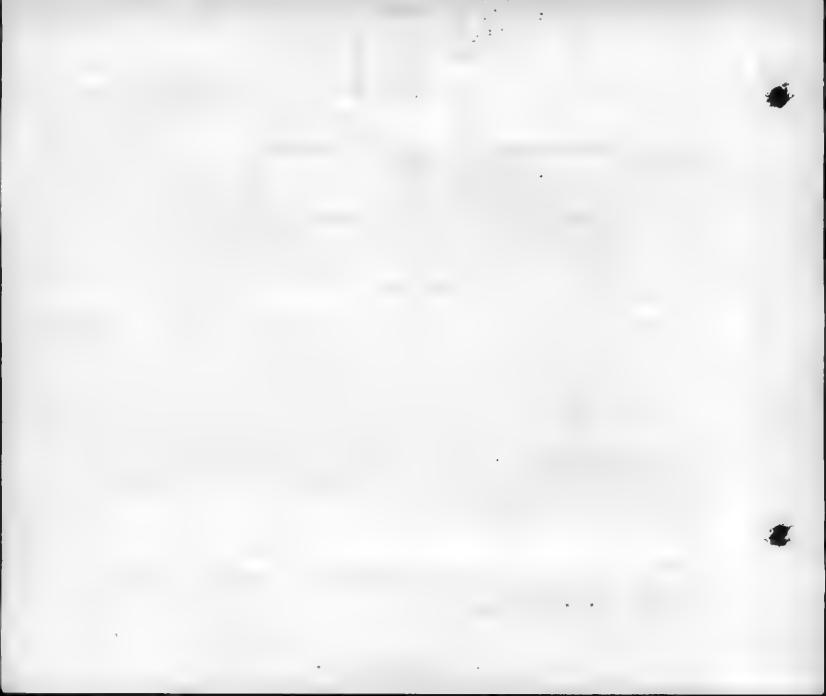
> PERFORMED? YES NO

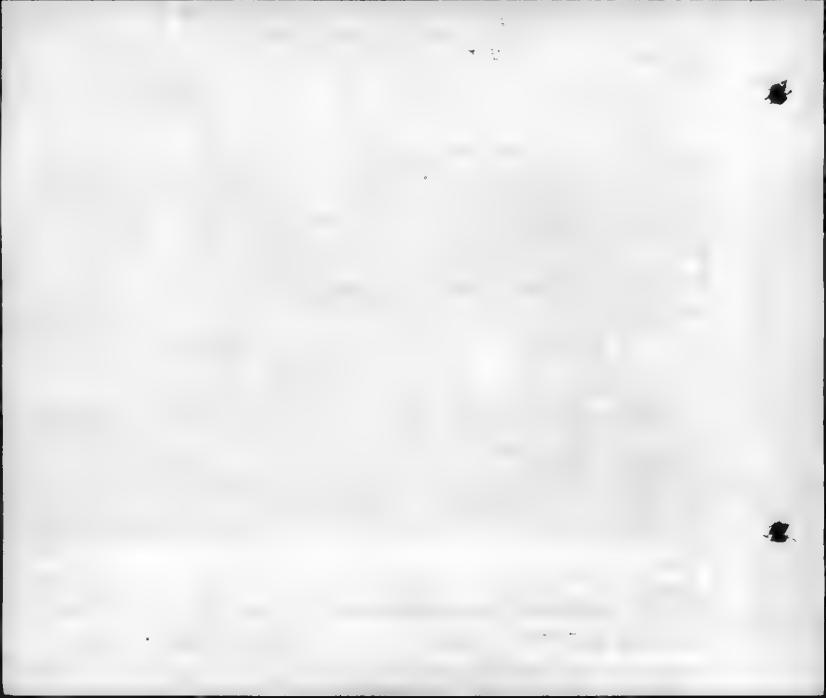
> > (State)

YES NOT

1958

Min.





PLACE OF DEATHo. COUNTY

b. CITY OR JOWN (If ou SURAL and give near

OF HOSPI d. NAME OF HOSPITAL

EMALE

10a. USUAL OCCUPATION I during most of working

HOUSEWIF

LIARD 15. WAS DECEASED EVER IN

> CAUSE OF DEATH PART I. DEATH Y

Conditions, if ony,

gove rise to imme cottse (o), stoting the lying couse lost.

PART II. OTHER !

a. m.

F. Gascha

IM

Day, Year

Sons

NAME OF

5. SEX

CERTIFICATION

MEDICAL

(Type or print)

13. FATHER'S NAME

MARYLAND STATE DEPARTM	ENT OF HEALTH-BALTIMO	ORE, 18
6942 CERTIFICA	ATE OF DEATH	U6039
7 V S R B , CERTIFICA	ALE OF BEATT	Reg. Dist. No.
nce Deorges MARYLAND	2. USUAL-RESIDENCE IN here deceased lived b.	If institution Residence before admission] COUNTY C
side corporale limits, write c. LENGTH OF STAY IN to	c CITY OR TOWN (If outside corporate limits 33 Bladenshur	ts, write RURAL and give negrest town
Fig. in hospital, give street address of	d. STREET ADDRESS	Place vis residence on a farm?
ICELLA. PEARL	KITCHEN 4. DATE OF DEATH MY	A Wonth Day Year 1958
WH WIDOWED DIVORCED		(In years IF UNDER 1 YEAR 1F UNDER 24 HRS minthdoy) Months Doys Hours Min.
Give kind of work done 10b KIND OF BUSINESS OR INDUSTICE, even if refired)	WHAT CHEER T	WA U.S.A.
A, JACKSON	MATILDA. 17	RESSLER
U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT , /	ELTA KITCHEN.
[Enter only one couse per ling for (o), (b), and (c).] VAS CAUSED BY: MEDIATE CAUSE (o) OR CAJARY	THROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH
which (b) RHEUMATIC H	EART DISEASE	- 12 YRS
	HEART DISEA	SE 12 YRS.
IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
DERLYING 20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I or Part II of ite	m 18.)

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Month.

p. m. 21. I certify that I attended the deceased from 5 1956, that I last saw the deceased A. M. from the causes and an the date stated above. and that death accurred at.

foctory, street, office bldg., etc.)

ADDRESS (Street, city or town, stote) **ACTUAL** 1150 CONN SIGNATURE

PHYSICIAN'S ACCARDI NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county)

22c. NAME OF CEMETERY OR CREMISTORY 220. SURIAL CREMATION. REMOVAL (Specify) Salisbury City Salisbury 1958 Buria 23, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

Myattsville Md.

20d. INJURY OCCURRED

Not while of work

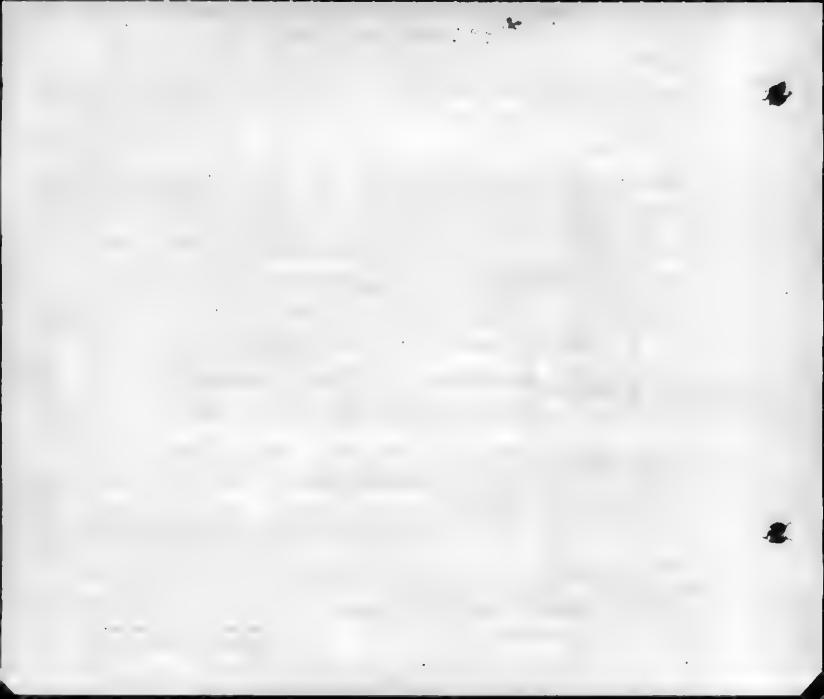
> Missouri 240. REC D BY REGISTRAP 246. REGISTRANS SIGNATURE DATE

(County)

(Stote)

(Stote)

VS A15 (4) TSM 9/S5



TO HOSTIAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.: Page 4 D FUNERAL DIRECTOR for this certificate has been signed by the ottending physician and completely filled in by the fun page 3 shauld be detaying for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offse-death. may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR

For this certificate has been signed by the page 3 should be detained for use as the burial-transit.

> VS A15 (4) 15M 9/55

9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6001 CERTIFICATE OF DEATH

	o. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Levige
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) 4. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	1316 hay Rd	1316 - Ray Fed., YES NO ST
	NAME OF DECEASED (Type or print) John Ellsworth	Lost 4. DATE Month Day Year OF DEATH MOST 1955
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 12 1/21 1964 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
1	Go USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN, OF WHAT COUNTRY? Polytimare
4	ATTHER'S NAME	14. MOTHER'S MAIDEN NAME.
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (18 you, give wor or dates of service) 578-38-4473	Eleanoriv Knorr 1316 Ray Rd. M.L.
	18. CAUSE OF DEATH [Enter only one couse per line for Jo], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Country Congression DUE TO Conditions, if any, which gave rise to Immediate (b) Country Congression (b) Congression (c) The Congression (b) Congression (c) The Congression (d) Congression (e) Congression (b) Congression (c) Congression (d) Congression (e) Congression (f) Co	E heart forlivir Interval BETWEEN ONSET AND DEATH THE GIVE
	Cause (a), stoling the under- lying cause last. PART SI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
,	(Colorenul: May 1, 1955	PERFORMED? YES NO NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 of work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from.	
	ACTUAL SIGNATURE In MICHAEL SIGNATURE	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state)
	PHYSICIAN'S Thomas EM Mathryly M	T. 2200 R. I. ALC NEI Wash AT
	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O 25-16-58 2t. Lines	Exercise Placens bury Miles land
	2. FUNERAL DIRECTOR'S SIGNATURE address 5-801	Principal 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE LANGE MAY 1 5 '58 Line 2 Such

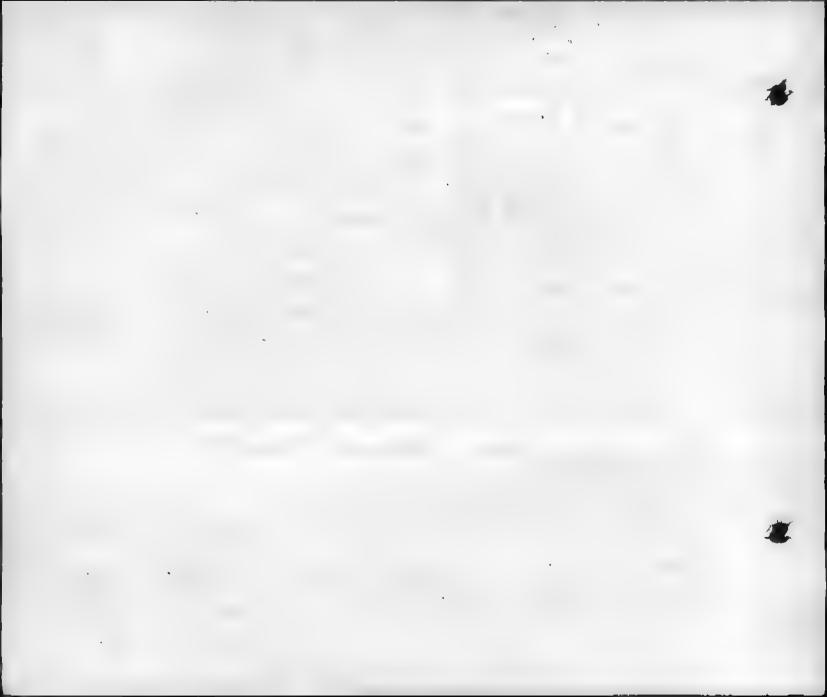


VS A15 (4) 15M 10/57

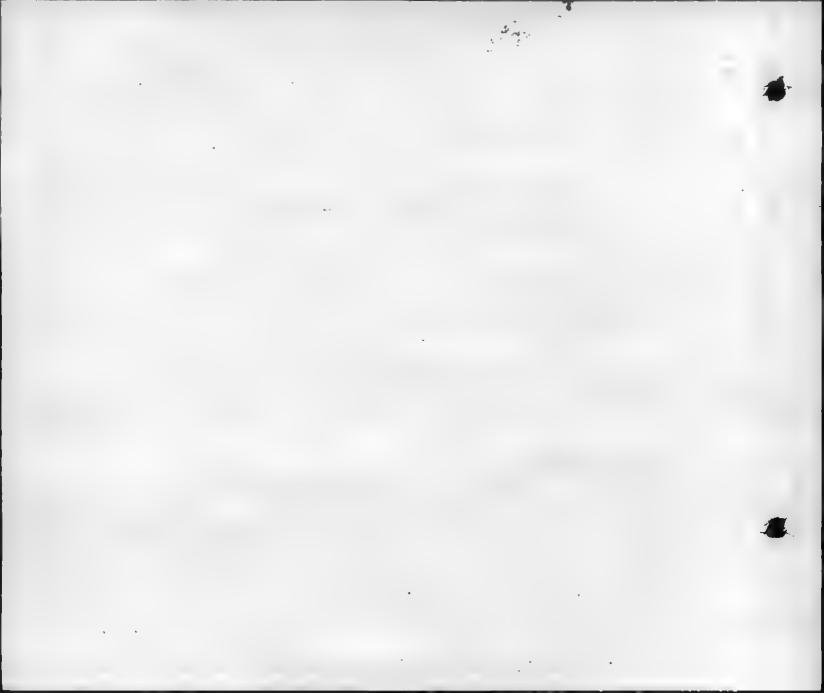
MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6002	CERTIFICATE	OF	DEATH	

06041

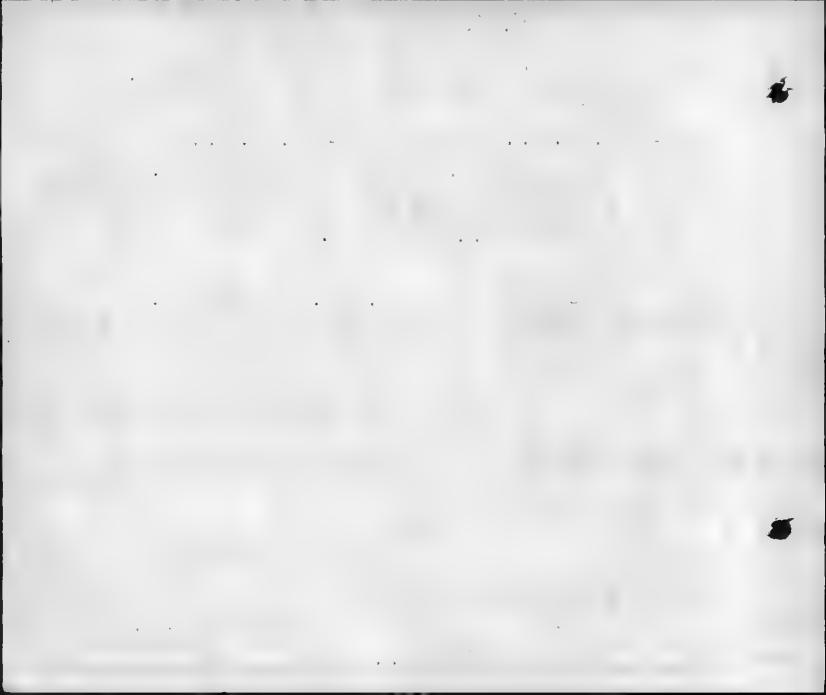
1. PLACE OF DEATH OF COUNTY Prince GOOTCE MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 RURAL and give nearest town) U216 / C. CLESCERCO	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOS TAL (If not in hospital, give street address) OR INSTITUTION	1702 Chooley Rd. SRESIDENCE ON A FARM? YES NO BY
3 NAME OF DECEASED (Type or print) CHARLES LEON	KRAPF DEATH May 27 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years less birthday) 1-12-89 9. AGE (In years I FEMDER 1 YEAR IF UNDER 24 MRS Months Days Mours Min
10a. USUAL OCCURATION (Give kind of work done 10b KIND OF BUSINESS OR INDI- during most of working life, even of refired)	Pa USA
13. FATHER'S'NAME	Harra Herb-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. DOCLAR SECURITY NO. 17. (14 yes, give wor or dates of service)	Margaret Knapf 1103- Crock Re
18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bronchopneumonia ONSELAND DEATH
Conditions, if any, which gave rise to immediate (b).	nia 2 months
lying cause tast. Co	roseler oses 9 monts
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	i Cardiovascula biono PERFORMED?
OF CONTRIBUTING CAUSE OF DEATH	ED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While Not while at work at work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg , etc.)
alive an Mus 27, 1958, and that deat	h occurred atM, from the causes and on the date stated above.
SIGNATURE ROLPH TE SALLEY	MD. 8641- (Alexaelle Poul 5/28/3)
PHYSICIAN'S RALPH F. PATTE	V Selve Spring Mil
Billian 5-31-58 Me Great	received Trucking or coding (5000)
23. FUNERAL DIRECTOR'S SIGNATURE LOCATION CONTROL 48/2.	THE COLL DATE THE 2 150 DATE THE 2 1

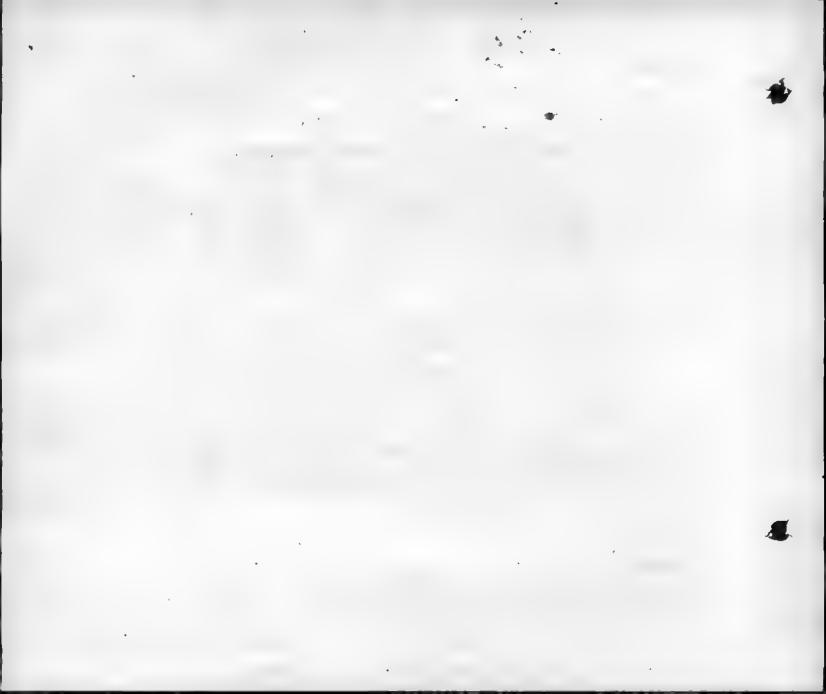


deoth



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6996 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Maryland Prince George's **b.** COUNTY Pr. GeO's b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give negrest town) Hill Crest Heights Hill Crest Heights d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 811- 24th. Ave., S.E. ON A FARM? 5811- 24th. Ave., S.E. YES NO T NAME OF Middle 4. DATE Day DECEASED OF DEATH May JESSE LOWE M. (Type or print) 5. SEX 6 COLOR OR RACE 7. MARRIED ANEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours Male White March 18-1879 WIDOWED | DIVORCED | YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired USA Pa. U.S. Army 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address Yes, no. or unknown) Same of # 2. Mrs. Amy V. Lowe 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY: Then IMMEDIATE CAUSE (o) **DUE TO** ony Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERFORMED? YES I NO I 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stota) foctory, street, office bldg., etc.) Hour G. Jr. While Not while 19 at work at work p. m. 21. I certify that I attended the deceased from Afhat I last saw the deceased and that death occurred at 2000. alive on from the causes and an the date stated above. ADDRESS (Street, city og/fpwn DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) GORDON May FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) May Arlington National Cemetery Arlington, Va. 7--58 1661 Good Hope Road SE FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 15M 9/55





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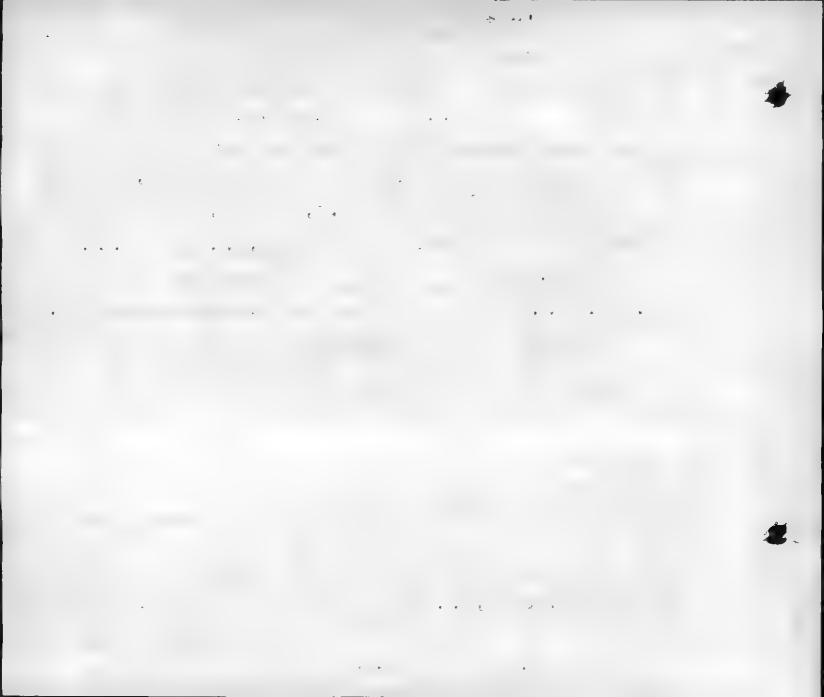
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06045

					Reg. Dist.	No.
I. PLACE OF DEATH	574		2 USUAL RESIDENCE (Who	re decepted lived. If	institution: Residence	before admission)
o. COUNTY	ince Georges	MARYLAND	o STATE Marvl:		DUNTY Princ	e Georges
b CITY OR TOWN (III	outs de carparate fimils, wr. & RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at			
ond give nearest towns Chever	las:	D O A	Colmon W	-		
A CONTRACTOR OF THE PROPERTY O	L OR INSTITUTION (If not in h	D.O.A.	Colmar M	eriot.		e. IS RESIDEN
	Georges Genera			Place		ON A FARM
3 NAME OF	First	Middle	Lost 4		tanal p	
(Type or print)	Elvin	Meador Luske		DEATH MAY	Month D	19 58
5. SEX		RIED NEVER MARRIED 8.	DATE OF BIRTH	9 AGE (n y		
Male	White widow	ED DIVORCED	Feb. 1, 1879	79	yrs Months Days	Hours Min
10a, USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	fareign country)	12 CITIZEN	OF WHAT COUNTE
Retired		Fireman	Wsahington	D.C.	U.S	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA			
WE	lliam A. Luske	y	Fra	inces Scot	tt	
15. WAS DECEASED EVE	R IN U. 5 ARMED FORCES? TO		FORMANT		dress	
	r. & W.W.1		Mary Alice Lu	skev: game	address :	18 # 2.
The same of the sa	H Enter only one come per tin	ie for (a), (b), and (c)]	4 1			ITERVAL BEINGEEN
	WAS CAUSED BY:	ardiovascular Re	emal Disease		0	NSET AND DEATH
LLLLX	MWEDIATE CAUSE (0)	ar arteres to	MET DIDORAG			
	DUE TO					
Conditions, if on gove rise to immedi	ote couse					
(e), stating the u	nderlying DUE TO					
	P SICNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT BELATED TO THE TERMINA	I DISCASE CONDITIO	NI CONTRACTOR BARY NO.	TIO WAS AUTORS
PART II. OITH	K SIGNIFICANT CONDITIONS	COMMISSION OF STATE SOLIN	OF KELMIED TO THE TERMINA	CDISEASE CONDITIO	N GIVEN IN TAKI ILO	PERFORMED?
<u>5</u>	TE LIVE ON THE	OF US ALVANDA SECTION				YES NO
PART II. OTH		IBE HOW INJURY OCCURRED. (E	nter noture of injury in Part I	or Part II of Item 18.)		
3 20c. TIME OF INJUR	· ·		E OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)
Hour a.m.	19 of s	ile Not while 10010 work of work	ry, street, office bldg., etc.)			
		remains described obay	re, held an Autonsy	, Inspection	Inquiry 5	and in m
		couses 🔂 Accident	The section		determined mon	
	/	- tocideni [actornined mon	
ACTUAL	Jan. 7 34A	Tarlia	CHIEF MEDICAL EXAM	AINER (T)		DATE SIGNED
SIGNATURE,	The A Fr	ferrance -	M.D. CHIEF MEDICAL EXAM			
EXAMINER'S NAME (Type)	John T Malana	w M.D.	DEPUTY MEDICAL EX	turner Pa	3 30	0
270 BURIAL CREMATION	John T. Malone;	22c. NAME OF CEMETERY OR		A10	y 1, 199	THE PARTY NAMED IN
BITTY ATSpecify)	5-6-58	Arlington A	ational	Ft Myer	• Va•	(State)
23 FUNERAL DIRECTOR'S		ADDRESS		Y REGISTRAR 246	-	1
	2 OLAWIANT	VDDWE33	240 REC U	T KEGISIKAK 1246	BEGISTRAR'S SIGNAT	TURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, execute the certificate siting the word "pending" in pendi is Item, 18. Give Pages 1, 2, and 3 to the funeral director. A should be forward. Ithe Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTO. Age 3 should be used as a burial-transity permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremajion, as removal, and in any event within 72 hours after death. execute the certificate at should be forward.

TO FUNERAL DIRECTO
or its designoted agent, p **VS. A15ME** 5M 2/57



VS A15 (4) 15M 10/57

	•		,	7
,	the first	THE LOIL	should be rilled with	(
	hand other than the little of a selection of the fact of	indicate in the contract in the	pers. Poges 1 and 2	
	and the maintain and any	or plip indicated Billion	lease remaye carban papers. Pages 1 and 2 should be filled with	thin 72 hours after death

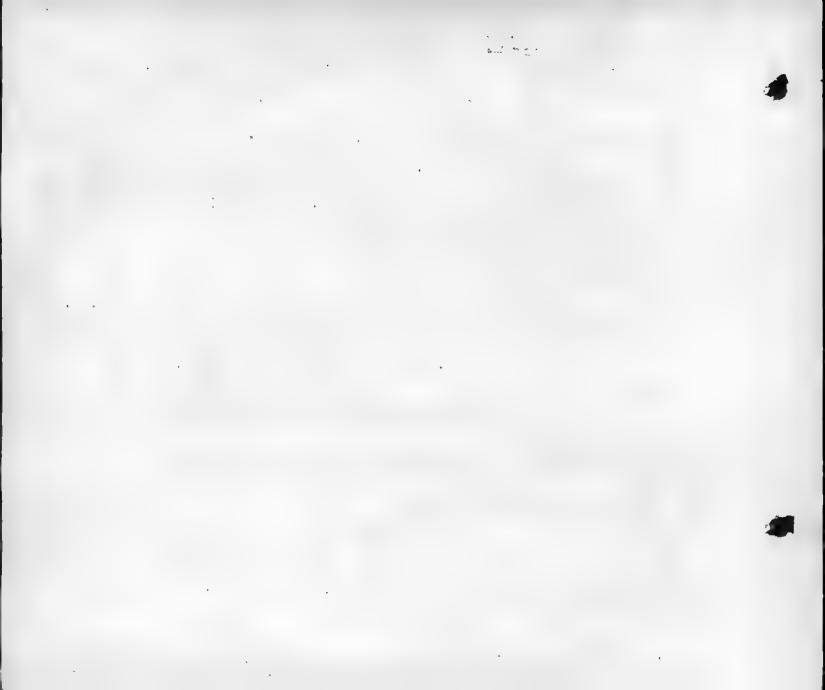
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

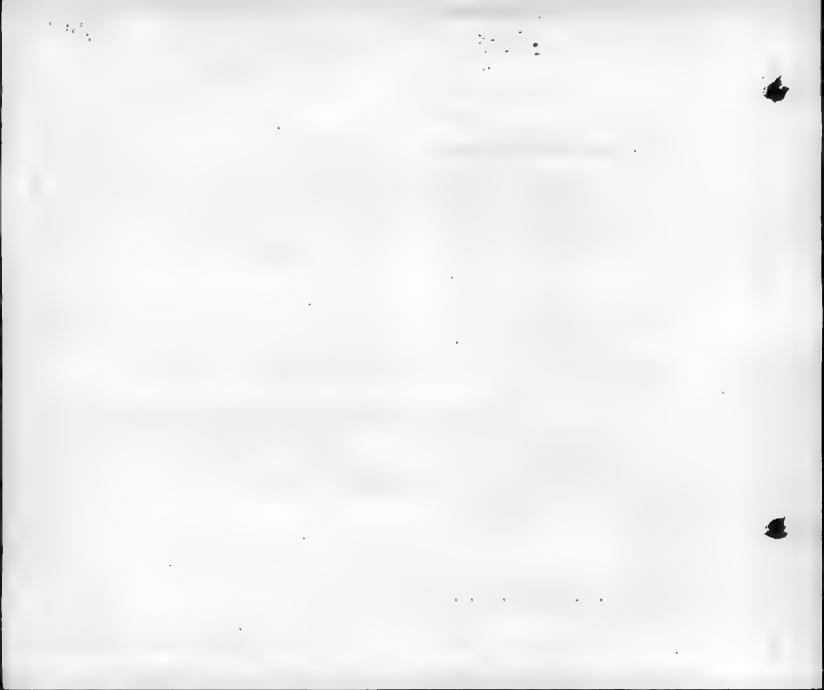
CERTIFICATE OF DEATH

06047

] '								teg. Dist, No	•
/	1. PLACE OF DEATH o. COUNTY Prince Ge	orges	MARYLA	UND 2	USUAL RESIDENCE (WH	ere deceased lived 1d	b COUN Pr	Residence befo	re odmission)
	b. CITY OR TOWN (If outside corp RURAL and give nagrest town) Chever	porate limits, write	c. LENGTH OF STAY IN) 1b	c. CITY OR TOWN (IF o	Manor	imits, write RUR	AL and give nee	prest town)
	Prince Georges	haspital, give street General	oddress) Hospital		3402 29th	Pl.			e. IS RESIDENCE ON A FARM? YES NO P
	3. NAME OF DECEASED (Type or print)	First Ty	Middle N •		Mann	4. DATE OF DEATH	May	2 6°	Yeo 58
	Male 6. COLOR Whit		RIED NEVER MARRIED		arch 3, 1906	5 9 AC	A R T A P THE A PROPERTY AND A PROPE	Months Days	IF UNDER 24 HRS Hours Min.
	10a. USUAL OCCUPATION (Give kind during most of working life, even Truck driver	of work done 10b. if retired)	employed	INDUSTRY)	U S A	F WHAT COUNTRY
	13 FATHER'S NAME		emptoled	14	Virgini . MOTHER'S MAIDEN N			O D A	
	J E Manr	1			Unk	nown			
	15 WAS DECEASED EVER IN U. S. AR	RMED FORCES? 16.	SOCIAL SECURITY NO.	17, INFOI	RMANT		Address	3	
			23_05_2124	Mrs	Katherine	Mann	Washi	ngton D	. C.
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAL IMMEDIATE	ISED BY	ne for (a). (b). opd (c)]	ma	sy eder	ua		ONS	ERVAL BETWEEN SET AND DEATH
	Conditions, if ony, which)	(b)	Congest	levit	Henry	Tail	lere		7 days
	gove rise to immediate (couse (a), stating the <u>under-lying couse last.</u>	DUE TO (c)	arferior	cler	ofee He	art &)ciea	4-1	recor
	САТІС		CONTRIBUTING TO DEATH	H BUT NOT	RELÅTED TO THE TERMI	NAL DISEASE CON	NDITION GIVEN	IN PART 1(o) 1	PAS AUTOPSY PARFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH I	CRIBE HOW INJURY OCC	URRED (E	nter nature of injury in f	art I or Port II of	item 18.)		
	ZOC TIME OF INJURY Month, Hour o. m, p. m.	Day, Year 20d. I While at war	Not while	PLACE (factory.	OF INJURY IHome, form, street, office bldg., etc.	20f. (City or to	wn)	(County)	(State)
	21. I certify that I attend	ded the deceas	sed from Arr		,	lay 26			ow the decease
	ACTUAL LOGY &	Laller		мп		ADMRESS (Street,		46.7	DATE SIGNE
		Gallin			W. H	elather	elle	240	t
	220 BURIAL CREMATION, 226. DAT REMOVAL (Specify) Transportation	E THEREOF	22c. NAME OF CEMETE		EMATORY	22d. LOCATION		county)	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE		Keysvill	е		Virgin	7	ADIE CICHTATA	nc .
	F. Gasch's S		ttsville, M	ld.	DATE MA	y 2 8 '58	aun	AR'S SIGNTATUI	



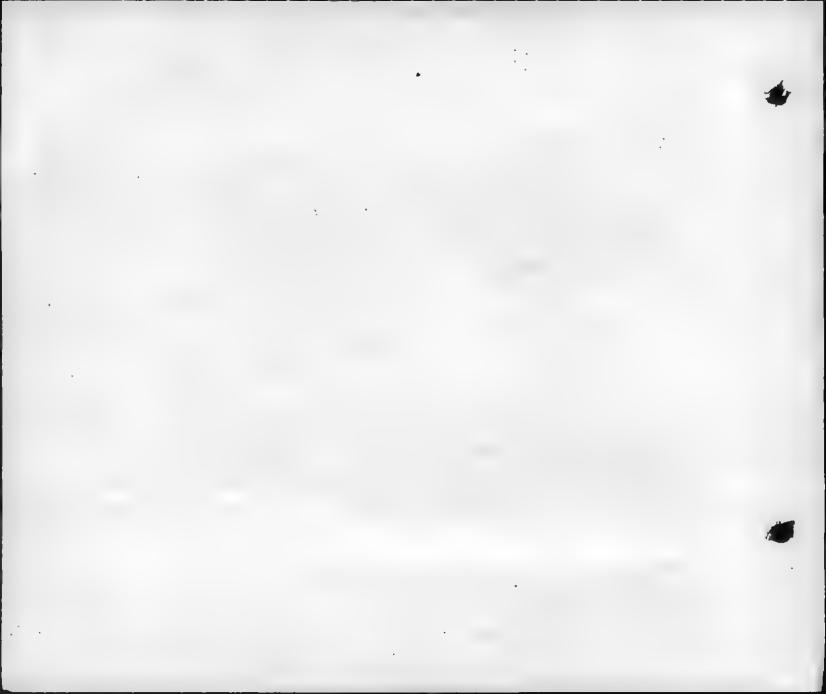
1			MARYLAND	STATE DEPARTM	ENT OF HEALTH	H-BALTIMORE, 18	
sel (N	L		604	7 CERTIFICA	ATE OF DEATH	H Re	g. Dist. No. 06048
ed with	1.	PLACE OF DEATH G. COUNTY	0	MARYLAND	o. STATE	here deceased lived If institution: R. b. COUNTY	esidence before admission)
	\vdash	b. CITY OR TOWN	inca Gaorges (If outside corporate limits, write	c. LENGTH OF STAY IN 15	Marylar c. City OR TOWN III	DUISide corporate limits, write RURAL	nce Georges
S P		RURAL and give a	· · · · · · · · · · · · · · · · · · ·	2 day	Lotian	service conference many with waters	A Stro ucries ionid
the short		d. NAME OF HOSPI	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
d 2 2 4	_		e Georges Genera	Ball	Box	52	ON A FARM? YES NO 🔀
	3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Yeor
fille ges	L	(Type or print)	Baby	Boy	Martih	DEATH May	24 19 58
Page Page Page Page Page Page Page Page	٥.	SEX			B. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS nths Dogs Hours Min.
cample oapers.	10	Mala OCCUPATI	ON (Give kind of work dane 10b.		22 May 1958	yrs	2
/		during most of wor	king life, even if retired)	KIND OF BUSINESS OK INDO.	MA LARRY	or foreign country)	Z. CITIZEN OF WHAT COUNTR
corbon offer-de	13.	FATHER'S NAME.		5.//	1. MOTHER'S MAIDEN N	NAME (TOTAL	1/1/3/73
physicion move cor hours ofh			Leann 1 10	Martin	Jane	or Solfa	ox co et 1
physical phy	15.	WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	VFORMANT	Address	3
(i)	L		(it yes, give war or asses or survice)		emu,	Mariler Bris	tel mid.
ending ilease r ithin 72			ATH [Enter only one cause per lin	e for (o), (b), and (c).]			INTERVAL BETWEEN
0 0 E		PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Anterola			ONSET AND DEATH
4 ± 5	П	763.0	DUE TO &	1 1 1	10 1		1
S F P		Conditions, if a	mmediate	1212 54 (al ()	remende	R	4/Tro
e		couse (a), sloting	the under: DUE TO				
gua,	Z		HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN	DART NOVE 10 WAS AUTORS
oval oval	CATIO		white			WE DISEASE CONDITION ON CITED IN	PERFORMED?
r en d	CERTIFIC	200 ACCIDENT W	AS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRED). (Enter nature of injury in t	Part 1 ar Part II of item 18.)	I ITS LING CI
the 'c		(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
afign afign	MEDICAL	20c TIME OF INJUIT	RY Month, Day, Year 20d IN While	Not while 20e PL/	CE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)
e s e	¥	p. m.		of work			
2 - P		21. I certify the	at I attended the decease		, 1958 to 2	4) man, 1858, the	at I last saw the decease
buri		alive on 2-4	may 195	B, and that death	accurred at 3,50A	MM, fram ^L the causes and a	an the date stated abov
3.55		ACTUAL //	K12)) . In.	ADDRESS (Street, city or town, state)	DATE SIGNE
d be pring		SIGNATURE	1/10000	¥	4 D.	Cr / // 1/2 / 1 / 1	111d 5-24-
houl		PHYSICIAN'S NAME (Type) D	r. R. Sasscer	M.D.	13 17		
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	220	BURIAL CREMATIC		22g. NAME OF CEMETERY OF	CREMATORY	22d LOCATION (City, town, or cou	
Poge the re	1	REMOVAL (Specify)	5-28-58	Mezes Can	netare	Drewery	pir) (State)
¥	23	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24g- REC'I	D BY REGISTRAR 246 REGISTRAR	'S SIGNATURE
15 (4) 10/57	1	millela	26 H. 1084a	M. Hilling	May & A GATE BAD	Y 2 7 '58 Pec	1
	2	37: 20	1x:7		<u> </u>		



17.

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
6997	CERTIFICATE OF DEATH	_

L		69	297	am 2 h	ERTIFIC	ATE	OF DE	EATH				Reg. Di	ist. No.	360	49
1.	o. COUNTY Pri	nce Gorge	's Co	unty	MARYLAND	2 U	STATE Ma	NCE (Whe	_	d lived 10 b C	OUNTY		re before	odmassio.	nn]
Г	b. CITY OR TOWN (III	f outside corporate lim	ils, write	c LENGTH	OF STAY IN 16	c	CITY OR TO	WN (If ou	itside corpo	rate fimils	, write Rt	JRAL ond	give near	est fown)	
		lage Md		4 mor	rths				Solom	ons			1 4		
	d NAME OF HOSPIT	AL (If not in haspital,	give street	oddress)		-	d STREET ADE						e.	IS RESID	PENCE
L		est Road												ON A F	
3.	NAME OF DECEASED	Fi	rst		Middle		losi		4. DATE OF		Mont		Doy	Ye	or
L	(Type or print)	Emily	Eliz	abeth	Martin	l .			DEATH	May	7	29,		19	58-
5	SEX	6 COLOR OR RACE	7. MARR	IED 🔼 NEVI	ER MARRIED	B. DA	TE OF BIRTH			9 AGE (n years		TYEAR		
L	female	white	WIDOWE		DIVORCED		me 4,	18	96	61	rthdoy) yrs	Months	Doys	Hours	Mn
10	during most of work Housew			wn hou		USTRY	13. BIRTHPLAC			ountry)			S A	WHAT C	OUNTRY
)/3	FATHER'S NAME	Peter Stre	ukens	l.		14	MOTHER'S M	AIDEN N	AME ?	,					
15	WAS DECEASED EVE	R IN U S. ARMED FOR	RCES? 16.	SOCIAL SEC	URITY NO. 17	INFOR!	MANT				Addr	253			
Ľ	220	(If you give war or do on of :	(SLANG)	?	Mr	s J	oseph S	Schmi.	.dt	Kent	Vil	Lage	Mary	ylan	d.
	18 CAUSE OF DEA	TH [Enter only one co	ouse per lin	e for (o), (b)	, ond (c)]								INTER	VAL BETY	WEEN
	PART I DEA	TH WAS CAUSED BY:	06	new	2 O-zle	04	Town						4.75	T AND D	2 000
	153.8	DUE TO	,												~~~~
Н	Conditions, if or	ay, which)	Ca	11/100	our		1) (Ort.	5 h				BU	moti	-/
	gove rise to in	mmediale (Ž						1. 22.0	1, 104 101	<u> </u>
	lying couse lost,	the under-													
z	PART II. OTH	IER SIGNIFICANT CON		ONTRIBUTIN	IG TO DEATH BU	T NOT I	RELATED TO TH	HE TERMIN	IAL DISEASI	E CONDIT	ION GIVE	N IN PAR	T 1/ol 19.	WAS AL	JTOPSY
CATION			_									.,,		PEPFOR!	NO P
區	20a ACCIDENT WA	S UNDERLYING [20b. DESC	RIBE HOW I	INJURY OCCURR	ED. (En)	er nature of i	niury in Po	ort I or Port	l II of item	18.1			<u></u>	NO ME
CERT	OR CONTRIBUTING	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,				
SAL	20c. TIME OF INJURY	Y Month, Day, Ye	ar 20d. IN	JURY OCCU	RRED 20e P	LACE O	F INJURY (Ho	me. form.	20f. (City	or town!			County)		(Slote)
MEDICAL	Hour e.m.	19	While of work	_ Not wh	ile R	oclory, 1	treel, office b	ldg., etc.)		01 101111			Country		(3,0,6)
2						17/	- 10	10 214	(-)	141	rt-				
ı	1 11	at I attended the	/ "	-1			, 19 <u>04,</u>		-7	/	1944.				leceased
	alive an LEC	*	ر 12 کے	·Ω, οι	nd that deatl	h occu	urred at/_		M, from				he date		
	ACTUAL SIGNATURE	ver 11. 0	3021	green	· in		3101	1125	Cerr D	por I	or, town, I	lote)	3	DAT	E SIGNED
	15	2000 11	/	2.2		_ M.U			4	/	7		7		40
L	PHYSICIAN'S NAME (Type)	VIIX UC.	(97	(HS	2 (24)	6.5	W		1620	1	aen	nec	Me	f.	
22	P. BURIAL CREMATION	N, 22b DATE THEREC)F	22c NAME	OF CEMETERY	OR-CREI	MATORY	^	22d LOCAT	TION (City	, town, o	county)	1 1	(State)	
_	Barral	May 31,1	958	Owe ,	Lady Sta	rer	7 Theo	lea.	Solon	uno	- 6	rlnew	Falo	- 1	nd
23	EUNERAL DIRECTOR'S	SIGNATURE	V-1	ADDRE	mules	Al			BY REGIST	RAR 3	REGIS	TRAR'S SH	GNATURE		
Ľ	210	. ,				-	D	ATEUN 2			110				

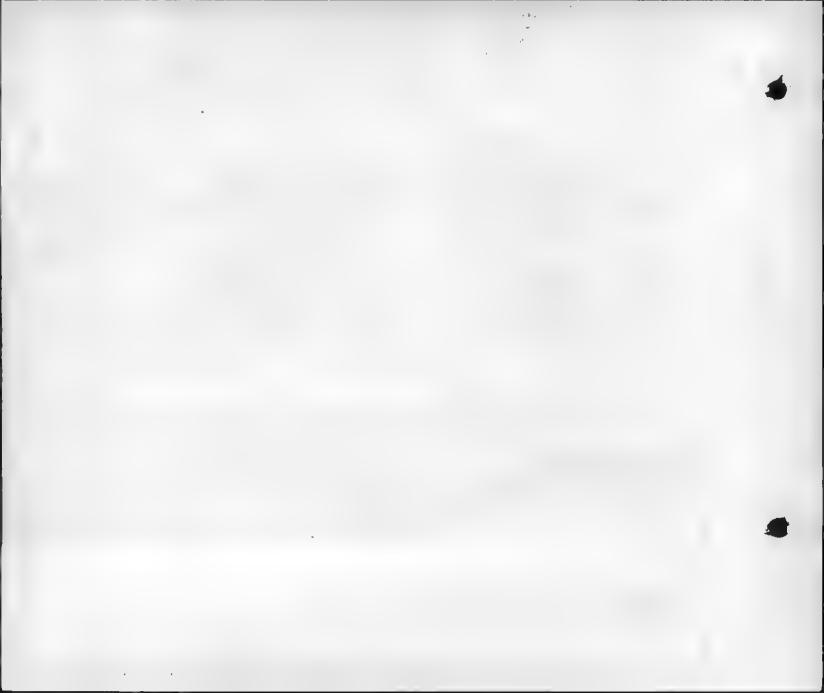


VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6948 **CERTIFICATE OF DEATH**

	1. PLACE OF DEATH a. COUNTY	ince George		MARYLA	II D. STAT	RESIDENCE (W		ed lived. If inst b. COU	Itulian: Reside	Georg	mission)
	b. CITY OR TOWN (I	f outside corparate limit		c. LENGTH OF STAY IN				orate limits, wri			
	RURAL and give ne	che verlv		27 days		Fairmo		Hgts.			
	d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street o		d. STR	EET ADDRESS				e IS	RESIDENCE
,		Georges G	enera	1 Hospital		710 5	9th	Place			N A FARM?
	3. NAME OF DECEASED	Fire	sl	Middle		Lest	4. DATE	= ~	Menth	Day	Yeor
	(Type or print)	Ruth	r=		Martin		DEATH		ay	10	19 58
	5. SEX			NEVER MARRIED				9. AGE (In ye	y) Months	Days Hou	_
	Female	Black	WIDOWE			an 1922		1 -	yrs		
	during most of work	ING life, even if retired)	ione: 10b. I	Letwestic	INDUSTRY 11. BIT	THPLACE (SIGH	le or foreign	country)	12. CI	FIZEN OF WH	AT COUNTRY
	13 FATHER'S NAME	0			14 MQTI	HER'S MAIDEN	NAME /				-
	Walter	Aprilde			2	allie		len			
		R IN S ARMED FOR	CES7 16 S	OCIAL SECURITY NO.	17. INFORMANT	0	~		Address		_
	NO				Cana.	sprage	We 70	25-61	st a	ue n	1.21
		TH [Enter only one col TH WAS CAUSED BY:	use per lini	e for (a), (b), and (c).]		1 //				INTERVAL	BETWEEN ND DEATH
		IMMEDIATE CAUSE (6)		remen	elt-olo						
	17/×	DUE TO	0	/	*						
	Conditions, if or	nmediate		Heer	uy,						
	couse (a), stating l lying couse last.			U							
i		ER SIGNIFICANT CONI	DITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERA	MINAL DISEA	SE CONDITION	GIVEN IN PAI	RT 1(a) 19 W/	AS AUTOPSY
2	CATIC									PE	REORMED?
	PART II. OTH OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter not	ure of injury in	Port Lor Pa	irt II of item 18.)			
		f Month, Day, Yea	1		PLACE OF INJU	JRY (Home, for	m, 20f. (Cit	ly or lown)	(County)	(Stole)
	Haur a, m, p, m,	19	While of work	Not while at work	factory, street,	omice plag., et	(C-1)				
	21. I certify th	at I attended the	decease	d from Dell	./5 . 19	57. to	mar	110 19	5 Sthat I	last saw ti	re decense
	alive an	may 9		1.							
	6	p	. /	7 '				Street, city or to			DATE SIGNE
	SIGNATURE	T. tauce	- 6	avre	M D						
	PHYSICIAN'S NAME (Type)	<i>'</i>									
	220 EUR AL) CREMATION	N, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR CREMATO	RY	22d LOC/	ATION (City, 194	n, or county)	(5	itate)
	REMOVAL (Specify)	5-14-5	8	mt ali	vit Cer	neter	Wic	Estenti	ì	N.C.	
	23. FUNERAL DIRECTORY	SIGNATURE +	_	ADDRESS	1211	24 REC	D BY REGIS		EGISTRAR'S SI	GNATURE /)
	Herry	warm gr	n ·	461 N 21	· /// W	DATE	MAY 1	1 5 '98	Who	educa	



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FOR	CT	AI	E.	-
ION	91			
HEALT	Ή	DE	PT	

90

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony detay is necessary execute the certificate for every five word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forward the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Store Board of or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death

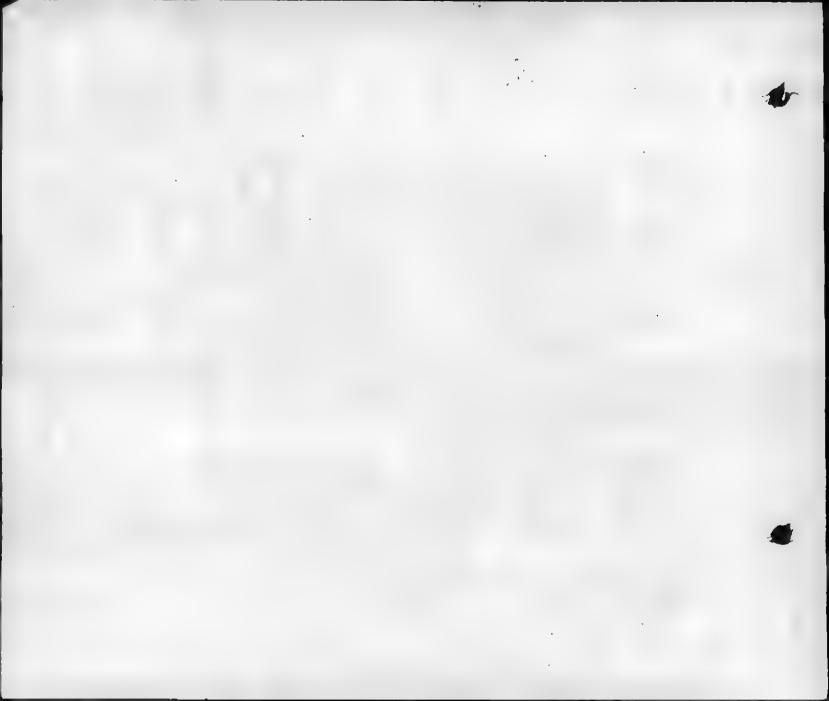
VS. ATSME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

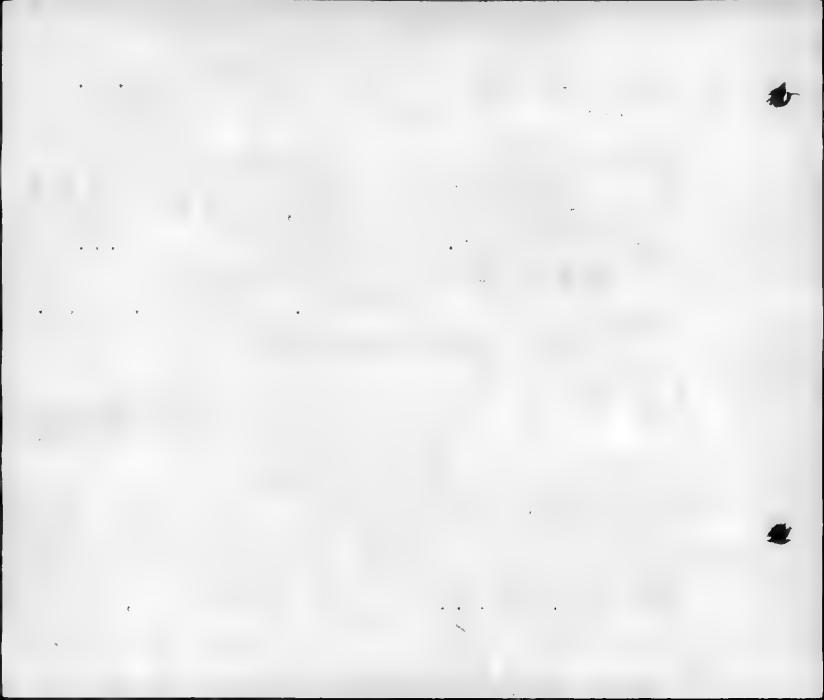
	O COUNTY DOT MOR ORODORO	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)						
	o. COUNTY PRINCE GEORGES MARYLANI	o STATE Maryland b COUNTY Prince George's						
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negret four)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
ı	Cheverly, Maryland	Lanham Maryland						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	, d. STREET ADDRESS (e. IS RESIDENCE						
	Daine Committee Committee	6016 Naval avenue.						
	Prince George's General Hospital 3 NAME OF Middle	Lost 4. DATE Month Doy Year						
	(Type or print) Roland Harry	Mathews Dearn May 18, 1958 19						
1		B DATE OF BIRTH 9 AGE (In years 1 IF UNDER 14 EAR) IF UNDER 24 HRS						
1	male white widowed Divorced	Sept 19, 1917 do yri Monthi Days Hours Mn						
	10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDU							
	during most of working life, even if retired)							
	Boiler repair man PEP Electric	CO Washington D. C. U S A						
	Barker A Mathews	Cecelia Adams						
1	Marian and a second a second and a second and a second and a second and a second an	nna R Mathews Lanham, Maryland.						
-								
	FART I, DEATH WAS CAUSED BY:	INTEPLAL BETYY'EL ONSET AND DEATH						
	IMMEDIATE CAUSE (0) UONZOSTITO NOS	rt failure						
1	470 X DUE TO							
	Conditions, if ony, which tobar pneumoni	<u> </u>						
	gove r'se to immediate couse (a), stating the underlying DUE TO							
	couse lost. (c)							
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
	Fatty degeneration of liver							
	Fatty degeneration of liver 200. EXTERNAL CAUSE WAS CAUSE OF DEATH.	(Enter nature of injury in Port 1 or Part 11 of item 18.)						
1	T. Control of the con							
ı		ACE OF INJURY (Home, form, 1 20f (City or hown) (County) (State) ctory, street, office bldg., etc.)						
	Hour o.m. While Not while of work of work	cony, ansar, write singe, many						
	21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my							
	opinion death resulted from: Natural couses T. Accident	, Suicide , Homicide , Undetermined manner						
	1							
	SIGNATURE SOMM)- HOT CHONGS	M D CHIEF MEDICAL EXAMINER T						
		ASSISTANT MEDICAL EXAMINER						
_	NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER MAY 18, 1958						
	270. BURIAL CAPMANIAN 226 DATE THEREOF 22c NAME OF CEMETERY C	R CREMATORY 22d LOCATION (City, lawn, or county) (Stote)						
	Burial 5/22/58 Arlington	Nat. Cemetery Arlington, Virginia						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE						
	The S.H. Hines Co, 2901 14thSt.N.W.	Wash, DC DATE MAY 2 0 '58						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06052MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA Rea. Dist. No. TEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) a. COUNTY O. STATES MARYLAND b. CITY OR TOWN (if outside corporate lim to c. CITY QR TOWN (If autside corporate limits, write RURAL and give nearest town) ¥ë COMME be retained far danAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS . IS RELEINCE ON A FARM? YES NO 3. NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH 16 19.0 5 SEX COLOR OF RACE 9 AGE (In years MARRIED [7] NEVER MARRIED | 8 DATE OF BIRTH IF UNDER TYPAP IF UNDER 24 HES MOY Dovs Hours WIDOWED IT 50 0 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working ite, even if retired) 12. CITIZEN OF WHAT COUNTRY? Page 18. Give Pages 1 with form PM3. poges 13. FATHER'S NAME 15. VAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] (If yes, give wor or dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO 200 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INVERSAL BEDILLING olong. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit s Office DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO of Medical Examiner (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLS, WAS AUTOPS PERFORMED? NO [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Fort II of Item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) (State) While factory, street, office bldg., etc.) Not while at work of work 21. I certify that I took charge of the remains described above, held an Autopsy Masspection [2]. Inquiry | opinion death-cesulted from: Notural causes . Accident , Suicide . Homicide . Undetermined monner DIRECTO ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE should be FUNERAL I EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER TO BUSIAL CREMATION 22c NAN 22d. LOCATION (City, 19 FURTERAL DIRECTOR BUSINATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME



4-1-2	Items 3,8,9 & 14 WEDICAL EXAMINER'S CERTIFICATE OF DEATH (16046)
FOR STATE	Ttem 9 FilmG229 5-29-56 et Reg. Dist. No.
HEALTH DEPT.	PLACE OF DEATH [2. USUAL RESIDENCE (Where deceased lived If institution: Residence before odm ssion)
2 5 £	o. COUNTY Prince Georges MARYLAND O. STATE Maryland b. COUNTY Pr. Geo.
	b. CITY OR TOWN (If outside corporate Limits, write RURAL and give nearest lown)
के हैं हैं हैं	In the state of th
dire for y	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street address) d. STREET ADDRESS e 15 RE* DFF _E ON A FARM
	811 Maple Avenue YES NO IX
funer funer staine State Jeath.	3. NAME OF Fish Middle Lost 4. DATE Month Doy Year DECEASED
the derived the de	(Type or print) Percy Sylvester Mack McCoy DEATH May 18 19 58
3 to and a story to a	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5 1909 9. AGE (In year of birthday Months Doys Hours Min.
2000	Male wildered WIDOWED DIVORCED July /1, 1911/ 4748/11 100. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12 CITIZEN OF WHAT COUNTRY?
and and	during most of working file, even if retired) Laborer Agric. Resrarch Maryland U.S.A.
S 1. 2 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Page Page Page	Walter Winfield Mack Grace Madelene Adams Solomon
ile ile	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [You, no, or unknown] [(It yes, give war or doles of terrice)
in 2	Dorothy M. Adams; 618 10th St. Laurel, Md.
A Paragraph	18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).] INTERNAL RELIVECY ONSET AND DEATH
Ten Item	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiovascular renal disease
l in lice rans	442× DUETO
eaci eaci iol-fi rea	Conditions, if any, which (b)
build her 's	(a), stating the underlying DUE TO
sha amir as o	The state of the s
india I Ex	PART 19, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) IV. WAS AUTOPSY PERFORMED? YES NOTE:
in pe	
S ce	TOG. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.) CAUSE OF DEATH.
This was	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) Hour e, m.
NER or to	Hour o, m. While Not while of work of work of work
Pog	21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [1], Inquiry [1], and in my
O Benda	opinion deoth resulted from: Notural couses 🛂, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲
fica fica fica fica fica fica fica fica	ACTUAL O A SOM PAGE SIGNED CHIEF MEDICAL EXAMINER TO BATE SIGNED
Certification of the certifica	ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
The like	EXAMINERS DESIGN EXAMINER TO TOTAL
NER de	NAME (TAPA John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER MAY 18, 1958 120. BUR AL, CREMATION, 1216. DATE THEREOF 1216. NAME OF CEMETERY OR CREMATORY 1216. LOCATION (City, town, or county) (Stote)
o DEPC execut A should or its	BENOVAL (Specy) Throw 31/5 Become Chaplel Canne arendel to mol
5 5	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15ME 5M 2 57	Ridgel 2002 LIO / Wash and DATE MAY 21 158 Quel and
	Lawis and

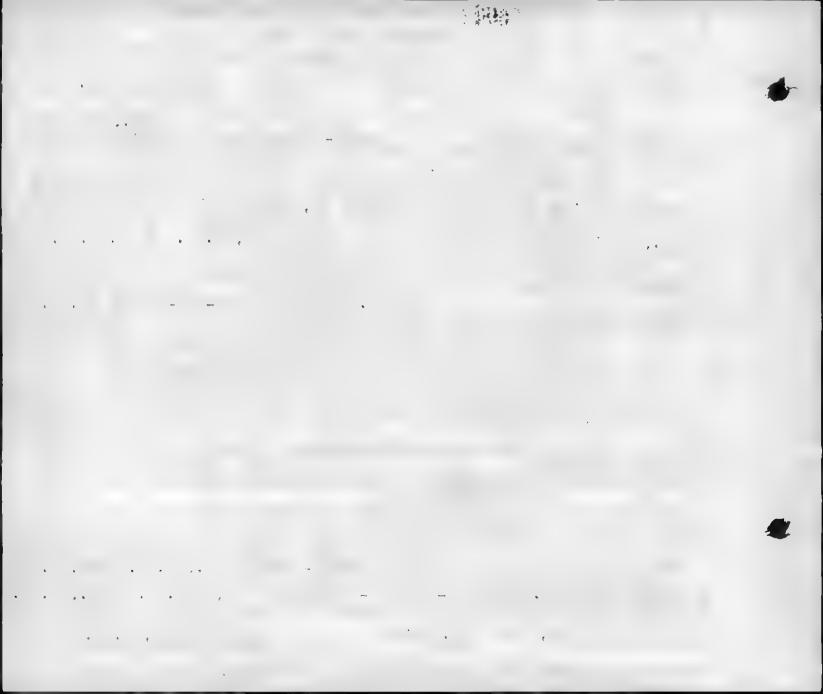


VS A15 (4) 15M 9/55

06053

CERTIFICATE OF DEATH

			· · · · · · · · · · · · · · · · · · ·			3 7 · · · · · · · · · · · · · · · · · ·	F 44 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
1. PLACE OF DEATH O. COUNTY Prin	ce Georgi	es	MARY	LAND	o. STATE	NCE (Wh		b COUNTY	Residence	Ge O	sion)
b, CITY OR TOWN (I RURAL and give n	f autside corporate limit earest town)	ts, write	c. LENGTH OF STAY	IN 15				te limits, write RUI			n)
Hyat	tsville				H ₂	vatts	ville				
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET AD				Ivid.	e IS RES	SIDENCE
	ed Heart	Home	9		5805-2เ	leen	s Chaj	pel, Hy	atts	71118C	A FARM?
3 NAME OF DECEASED	Fin	st	Middle		Last		4. DATE	Month		Day	Year
(Type or print)	Geraldine		Marie		Nerhany		DEATH	5		1	19 58
5. SEX	6 COLOR OR RACE	7. MARR	HED NEVER MARRI		B. DATE OF BIRTH			. AGE (in years		YEAR IF UND	
Female	White	WIDOWI	DIVORCE	oZ[]	June 25	, 18	166	last birthday)	Months D	ays Hours	Min.
100 USUAL OCCUPATION	ON (Give kind of work of	done 10b.	KIND OF BUSINESS O	RINDUS	TRY 13. BIRTHPLAC	CE (State	or foreign cou	ntry)	12 CITIZ	EN OF WHAT	COUNTRY?
	king life, even if retired) vit Clerk		None		Was	hine	ton,	D. C.	11	. S	Δ .
13. FATHER'S NAME	A P OTETY		2102-0		14. MOTHER'S M						
	McNerhar	177					-	Maguire			
						naeı	- FILLIA	Maguile			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT			Addres			
				Mr	s. Jose	ph I	aPlac	a - 914 - K	earn	y St.	N.E.
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]	\//		/			INTERVAL BE	ETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	. / "	ovona	1-2	The		11 Th	10/1		ONSET AND	PEATH Z
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DUE TO			-			-	. /			7
Conditions, if o		("	a dia	- (i .	Tan M	ul	2 /	eno	/		J
gove rise to i	mmediate		-racio		000	-0	7 /			./.	1000
cottse (o), stating lying couse last.	the under- DUE TO	WW	serg					/		4	Line
	J (c)		ONTRIBUTING TO OF	THE BUILT	NOT BELLIED TO T	LIE TERAN					
2	HER SIGNIFICANT CONI	DITIONS C	CONTRIBUTING TO DEA	1111 801	NOI KELATED TO I	HE LEKWI	NAL DISEASE	CONDITION GIVE	I IN PART I	PERFC	DRMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b, DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of i	njury in F	Part I or Port I	1 of item 16.)			
Y 20c. TIME OF INJUR Haur a.m.	Y Month, Day, Yea	r 20d. II	VIURY OCCURRED	20e. PL/	ACE OF INJURY (He	me, form	. 20f. (City o	r town)	(Co	unity)	(State)
Haur a.m.	19	While	Not while	fac	tary, street, office b	ildg., etc.	1		(20		(0.0.0)
		ot wor	G 1		7 191/	- 44	In M	ale 1			
	of I attended the	deceas	ed from June	71	19 14.	to_90		19 5	fhat I lo	st saw the	deceased
alive on_Q	12 17	12 :	ope that	deoth	occurred ot	76	M, from	the couses on	d an the	date state	ed above.
1	P 6 14	W.	14/1/4/	- h				et, city or town, st			ATE SIGNED
ACTUAL SIGNATURE	(overit	1	Hall	4	M.D. 1222	- Mo	nroe	St. N.	E.	Wash.	D.C.
PHYSICIAN'S INAME (Type)	Robert R.	Hot	tel - 1	222	- Monr	oe S	treet	, E N.	E. W	ash.,	D. C
220 BURIAL EREALATIC		F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCATIO	ON (City, town, or	caunty)	(Stot	le)
REMOVAL (Specify)	May 3.	1958	Mt. 01	lve			1170	ah I wat		0	
23 FUNERAL DIRECTOR		1 2100	AODRESS	rve.		do DEC	D BY REGISTRA	shington		ATURE	
						ATE N		- ()	KAK S SIGN	, ,	
					10	TATE IN	400 6 40	UU LYY	m BALL	d v to	





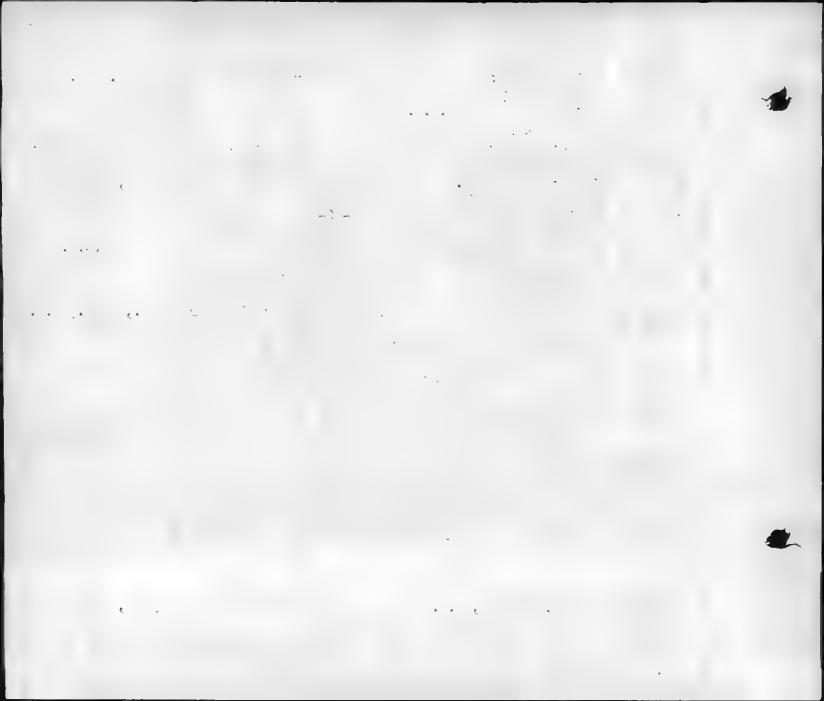
	-	-
FOR	ST	ATE
HEAL	TH 1	DEPT.
HEML	11.1	PET !

THE PUTY MIDICAL EXAMINER: This certificate sllould be emmised within 21 hom ofter death. If any delay is necessary, please execute the certifical any interest pending in pending in them. 18. Give Pages 1, 2, and 3 to the funeral director and 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your is.

TO FUNERAL DIRECTOR Fage 3 should be used as a burial-transity permit. File pages 1 and 2 with the State Board of Realth, or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 8M 2/57

7		.MARYL	AND ST	ATE DEP	ARTME	NT OF HEALT	H-BAL	TIMORE, 1	18	
-	,	ME ME	DICAL	EXAM	INER'S	CERTIFICAT	TE OF	DEATH	Rea. Dist No	0605
Ī	PLACE OF DEATH	Prince Ge	53 orges		MARYLAND	2 USUAL RESIDENCE (V		d lived If institut	on. Residence be	ore odmission)
	b CITY OR TOWN (IF	eutside co porque limits, will Riverdale		D.O.		c CITY OR TOWN (IF		orole limits, write	RURAL and give m	ealest fown)
	, d. NAME OF HOSPIT				iddress)	d. STREET ADDRESS		_		e. 15 RESIDENCE ON A FARM?
		d_Memorial	780			The second secon		Street		YES NO
	3. NAME OF DECEASED (Type or print)	Fir	Bİ	Midd	-	Lest	A. DATE OF DEATH	Month	Doy	Yeor
-	5. SEX	Filippe 6 COLOR OR RACE	7 MARRIED	NEVER MA	Mons			May 9 AGE (In years	14,	19 58 TE UNDER 24 HES
	Male	white	WIDOWED	-	CED []	L-22-1881		77 yrs	Months Days	Hours Min.
	100 USUAL OCCUPATIO	ON (G ve kind of work g life, even if retired)	done 10b. Kit	OF BUSINES	S OR INDUSTR	Y 11. BIRTHPLACE (State	ar fareign ca	untry)	12. CITIZEN OF	WHAT COUNTRY
ı	Landlord	9 1114. 41411 17 141111407	Roa	ming Ho	uses	Italy			U.	S.A.
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN N				
1	Ange			2011 055,10170	110 112 111	Lucia	Macı Macı	roni	A A STOREGIST STATE	
4		(if yet, give war or dates of		OCIAL SECURITY		thony Romano	: 1125	Varnum	St. Wos	h., D.C.
-		TH [Enter only one cos	re per line fo	r (0), (b), and (d		torionly monath	يعنه ود	7 442 11 0011	INTER	VAL BETWEEN
		TH WAS CAUSED BY				heart failu	re		DNSE	T AND DEATH
1	1.42 ×	DUE TO				- Affairment of the Arms				
	Conditions, if o	ny, which) (b)	Car	diovase	ılar re	nal disease				
	gave rise to immed (0), stating the									
1	cours lost.) (c	The second section is a second			Active March Warner - The Control				obstant posterio di
1	PART II, OTH	IER SIGNIFICANT CON	DITIONS CON	HK BUTHNG TO	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE		PERFORMED?
-	PART H, OTH	ISE WAS 20	DESCRIBE I	HOW INJURY O	CCURRED (Er	ter nature of injury in Par	I For Port II s	of stem 18)		ES NO
-	CAUSE OF DEATH.	ATRIBUTING []			,					
- {	20c. TIME OF INJUI	RY Month, Day, Yes			D 20e PLAC	E OF INJURY (Home, form	20f. (City	or fown)	(County)	(State)
	Heur e.m. ≥ p.m.	19	While of work	Not while of work	_	y, moon, united broggs are				
	21. I certify th	not I taok charge	of the re	moins descr	ibed obov	e, held on Autops	y 🔲, In	spection 🔼,	Inquiry 2	and in my
	opinion deoth	resulted from.	Natur <mark>al</mark> ca	uses 🔟, 🗡	Accident [], Suicide [], 1	Homicide	, Undeter	mined manne	
	ACTUAL	1	DAIN	10		CHIEF MEDICAL EX	AMINED ITT			DATE SIGNED
	SIGNATURE	man C	1 1/2	MANNE	7	M.D. CRICE MEDICAL EX			*	
	NAME (Type)	John T. M	Alonev	. M.D.		DEPUTY MEDICAL	_		y 14. 1	958
	220. BURIAL CREMATIO	N. 226. DATE THEREC		2c NAME OF C	EMETERY OR	REMATORY	22d LOCAT	ION (City, town, o		(Stote)
	REMOVAL (Specify) Burial	May 17,	1958		incoln	Cemetery	Colm	ar Manor	Md.	
	23. FUNERAL DIRECTOR			ADDRESS			D BY REGISTA		HAR'S SIGNATUR	E
	F. Gasc	h's Sons	Hyatt	sville,	Md.	DATE MA	AY 1 9 5	o lu	resuch	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. , PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY / COUNTY MARYLAND , 4 # CITY OR TOWN III autude cornerate finals. Y. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neaces) lawn) and give necrest town! oF. Leaderan ho.nen 15 9 d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ن Bacr e funeral retained 6 State death. NAME OF DECEASED DATE Lens OF (Type or print) DEATH 21-12-76 5. SEX 9. AGE (In years IF UNDER TYEAR COLOR OR RACE MARRIED TO NEVER MARRIED 1 8 DATE OF B RTH Months WIDOWED [DIVORCED [] 10a, USUAL OCCUPATION (Give kind of work done 10b during most of work ng [fe, even if retired) KIND OF BUSINESS OR INDUSTRY Page accounte Give Pages 13. FATHER'S NAME 14. MOTHER'S MAIDE tem 18. Give Po 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT amy .5 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office ルリネス **DUE TO** Candil'ons, if any, which gave rise la immediate couse DUE TO (a), stoting the underlying cause lost ration. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE used O 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 26e, PLACE OF INJURY (Hame, factory, street, affice bldg... Hour p. m. White Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Auto opinion death resulted from: Natural couses [1] execute the certificat 4 should be forward O FUNERAL DIRECTOR ACTUAL CHIEF MEDICA SIGNATURE ASSISTANT ME **EXAMINER'S** DEPUTY MEDIC NAME (Type) BURIAL CREMATION, 226, DATE 10 ADDRESS FUNERAL DIRECTOR S SIGNATURE 240 R

VS ATSME

5M 2 57

ON A FARM?

19

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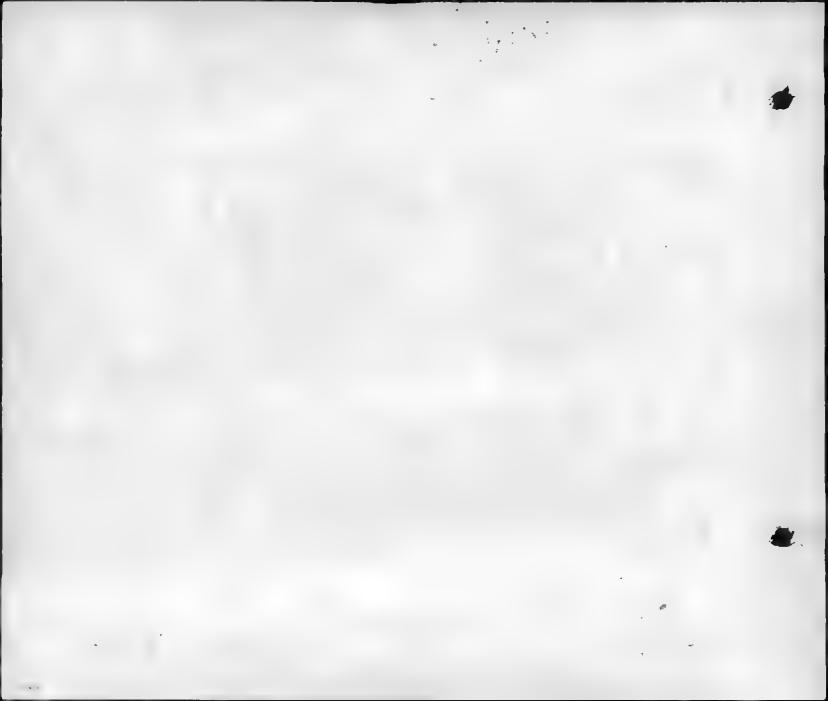
IF UNDER 24 HRS

YES NO P

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RMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS PERF YES	AUTOPSY ORMED? NO 😿
form, 20f. (City or fown)	(County)	(Slote)
psy, Inspection, Inc Homicide, Undetermine	quiry 🔁, o	(Slote)
psy , Inspection , Inc	quiry (1), a ded manner (1)	

DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM?

YES NO

19

Hours

interval Between onset and death 24 hours

PERFORMED? YES I NO I

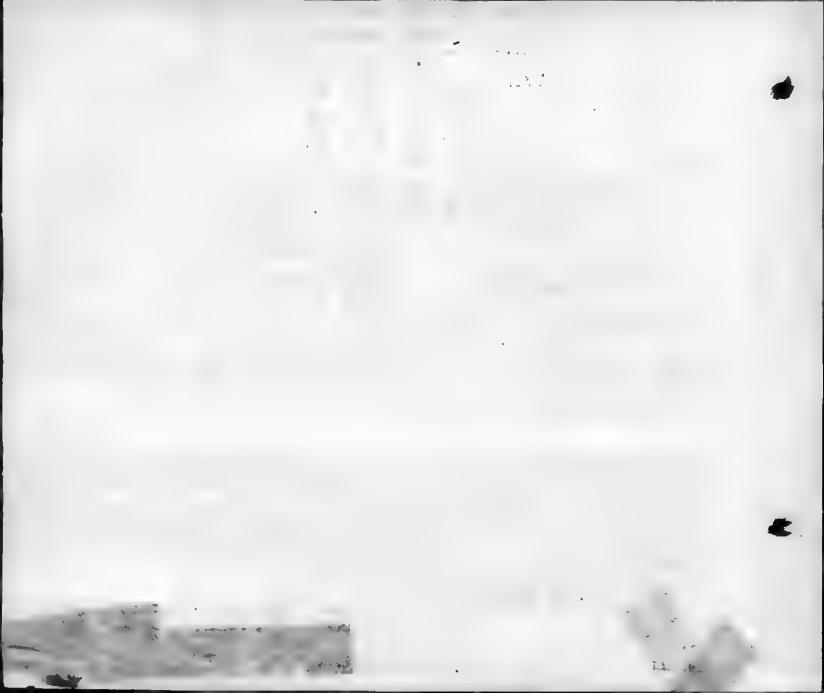
(Stole)

DATE SIGNED

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Davs

(County)



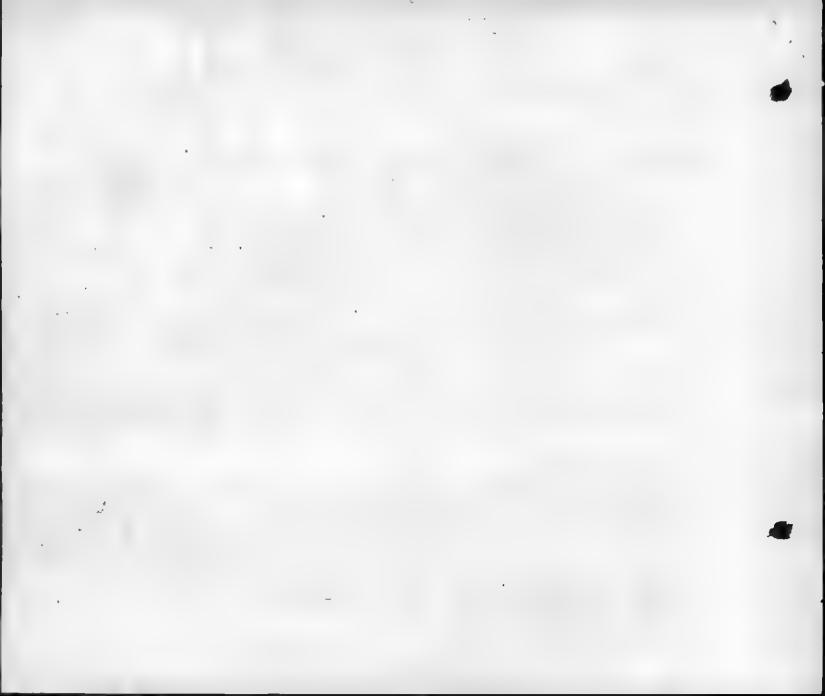
CERTIFICATE OF DEATH

06058

	0, 0,	00	ALL OF BUATE	•	Reg. Dist	h. No.
1. PLACE OF DEATH o. COUNTY			2 USUAL RESIDENCE (WI	ere deceased lived	f institution Residence	e before admission)
	nce Georges	MARYLAND	o STATE Maryla	ınd b.	COUNTY Princ	e Georges
b. CITY OR TOWN (III RURAL and give ne	outside carporate limits, w	rite c. LENGTH OF STAY IN 16	c CITY OR TOWN (If a	outside carparate limit		
Chever	ly	34 days	14 College	Park		
d. NAME OF HOSPITA	AL (If not in haspital, give i	treet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
rince George	es General	Hospital	8411	48th Av	8.	YES NO
NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year
(Type or print)	James	Madiso	n Myrick	DEATH	May	18 19 59
5. SEX		MARRIED 🔀 NEVER MARRIED 🗌	8 DATE OF BIRTH	9. AGE	and the same of th	YEAR IF UNDER 24 HRS
Male		DOWED DIVORCED	9 Oct. 1906	51.	yrs. Months [Days Hours Min
Oa. USUAL OCCUPATIO during mast af work	N (Give kind of work dane ing life, even if retired)	106. KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (State	ar fareign country)	12. CITI2	ZEN OF WHAT COUNTRY
Printer		Newspaper	Chattham	Co., N.C	. U	.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
Clay M			Martha	A. Thro	wer	
(Yes, no or unknown)	IN U.S. ARMED FORCES? If yes, give wor or doles of service		INFORMANT		Address 841	1 48th Ave
No	None		irs. Oli <i>y</i> e C	 Myrick 	, Colle	ge Pk., Md.
	TH [Enter anly one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (o), (b), and (c)]	i 61.	Discourse	1.00	INTERVAL BETWEEN
* .	DUE TO	DOCUES VE	7	recorn	nge	27.612.7
Canditions, if on	w which Y	Forter	Cunh	to to		34400
gove rise to in	mediate (
lying cause lost.	(c)					
PART II OTH 200. ACCIDENT WAS OR CONTRIBUTING UT (IF EITHER, NOTIFY)		ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in f	art I ar Part II af iler	n 18.)	
1	MEDICAL EXAMINER)				6	
20c. TIME OF INJURY		Od. INJURY OCCURRED 20e. Pl	ACE OF INJURY I Home, form, iclary, street, office bldg., etc.	20f (City or town)	(Co	runly) (State)
β p , π	19 0	work at work				
21. I certify the	at I attended the dec	eased from alvert	14, 19 St, ta 1.	tilely 18	19 Stat Lic	ist saw the decease
alive on 62	WY 1)	12 17 , and that death	occurred at 5,30A	_M, from the co	auses and an the	date stated above
ACTUAL SIGNATURE	Hus Woo	olle		ADDRESS (Street, city		DATE SIGNE
	IANS WODAK,	M.D.	30-C Rid	ge Road,	Greenbe	lt, Md.
70. BURIAL, CREMATION REMOVAL (Specify)	5/2//	22c. NAME OF CEMETERY C	or CREMATORY	22d LOCATION (CI)	, town, ar county)	(State)
3. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			Ib. REGISTRARS SIGN	
111/11	Plank	ers Co. Ruis	Medi made			. 5

may be retained by the field at attending physician.

TO FUNERAL DIRECTOR: this certificate has been signed by the attending physician and campletely filled in by the funeration page 3 shauld be defacted as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remarks, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death VS A15 (4) 1SM 10/57





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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

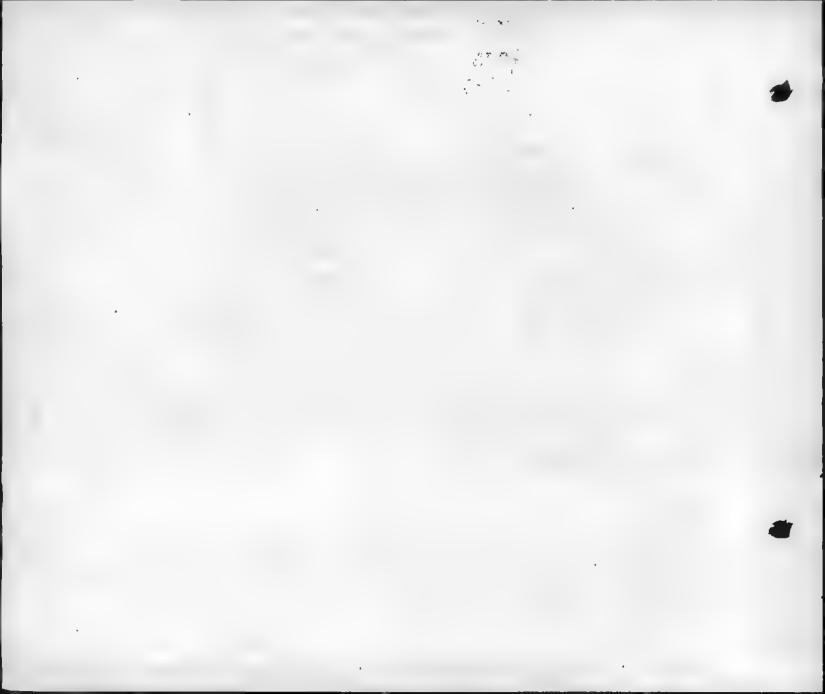
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland o. COUNTY Prince George's **b. COUNTY** MARYLAND Prince George's b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest lown) Hyattsville, Md. Hyattsville Md. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 4922 40th Place.. 40th Place 4922 YES NO NO 3 NAME OF First Middle 4. DATE Yeor DECEASED OF DEATH Narcissa G Norton (Type or print) May 13, 1958 10 9. AGE (In years lost birthday) 74 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED | DIVORCED [Oct 10, 1883 female white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Virginia Housewife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nancy Peacock Albert Money 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN' Address no John B. Norton Avattsville Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY are morna of Head of Panerers Conditions, if ony, which gove rise to immediate DUF TO cause (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c, TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not white of work of work 12-19 21. I certify that I attended the deceased from... 5-12, 1956, and that death accurred at 1100 A.M., from the causes and on the date stated above. ADDRESS (Street, city or fown, stote) DATE SIGNED aldo & Moyes NO 3503 Perry St. PHYSICIAN'S NAME (Type) Mt. Rainier Ma 1do 13. Moyers 220 BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) REMOVAL (Specify) 5/15/58 Cemetery Lewinsville Lewinsville Virginia 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville Md. DATE MAY 1 9 '58

0 VS A15 (4) 15M 10/57

shauld



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY D.C. Prince Georges MARYLAND b. CITY OR TOWN I'll sub de carporate limits, er le stitté c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director for your 0 Washington transient Fairmount Heights ieath. If any delay...
Is and 3 to the funeral directing 5 may be retained for yr
and 2 with the State Board
Liter death. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 226 Jay Street 3. NAME OF Middle DATE First DECEASED OF Corine DEATH (Type or print) E. Palmer 5. SEX 6. COLOR OF RACE 7. MARRIED T NEVER MARRIED , B DATE OF BIRTH 9 AGE (In years last birthday) colored Female WIDOWED [DIVORCED | 39 death. 2, and Give Pages 1, 2, and 1 farm PM3, Page 5 File pages 1 and 2 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Center Market Virginia 24 hours ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in day event Sam Kite 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMAN No No (II yes, give war or dates of service) Ö pencil in Item 18. C Mamie 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ig the word "pending" in pencil in Item
e Chief Medical Examiner's Office alon
I Sthoul be seed as a bund transit in
In to burial, cremnian PART I. DEATH WAS CAUSED BY: Hemorrhage and sh IMMEDIATE CAUSE (o) 976 DUÉ TO Shotgun wounds of Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture Shot by a gun held by a WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INIT factory, street, the (al work al work Hone 21. I certify that I took charge of the remains described above, held opinion death resulted from: Natural causes . Accident secute the certific 4 should be forwall FUNERAL HIREC ACTUAL CH SIGNATURE AS:

John T. Maloney, M.D.

B.F. TAYLOR FUNERAL HOME INC. 1702 12TH ST. N.

DE

22c. NAME OF CEMETERY OR CREMATO

ADDRESS

INCOLN MEMORIAL

06061

a IS RECIDE I ON A FARM?

YES NO 😨

Year

IF UNDER TYEAR IF UNDER 24 HES

Hours

U.S.A.

12 CIT ZEN OF WHAT COUNTRY?

Davs

58

Min.

Rea, Dist. No.

Months

b COUNTY

Mamle Strother Address
Kite; same address as # 2.
OCK INTERVAL BETWEEN ONSET AND DEATH
arm and chest.
D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO.
of injury in Port 1 or Part II of Item 18.)
nother person. RY (Home, farm, 120f (City or lown) (Caunity) (State)
office bldg., etc.)
an Autapsy , Inspection to Inquiry of and in my
icide, Hamicide, Undetermined manner
IEF MEDICAL EXAMINER DATE SIGNED
SISTANT MEDICAL EXAMINER
PUTY MEDICAL EXAMINER X May 12, 1958
Y 22d LOCATION (City, town, or county) (State)
240. REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE W. DATE MAY 1 9 '58 CALLER VI. DATE MAY 1 9 '58

4 1 VS A15ME 5M 2 157

0

EXAMINER'S

NAME (Type)

BUR LAL

23 FUNERAL DIRECTOR'S SIGNATURE

270 BURIAL CREMATION, 226. DATE THEREOF



FOR STATE HEALTH DEPT.

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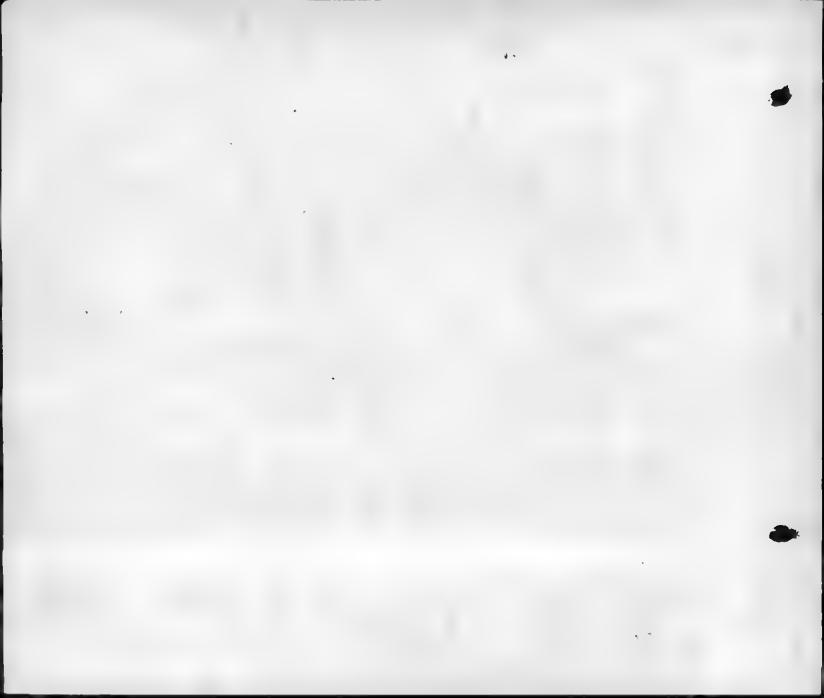
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į		Ď	io.	or its designated agent, prior to burial, cremation, at Pomoval, and in any event within 72 haurs after death.	
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			-		
	A	15	* TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Store Bo		
Ú	A M:	2 5	7		
			-		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06062

						K48. Dist. 140.
PLACE OF DEATH	Dnings	Georges				tution: Residence before odm ssion)
4 417/ 441			MARYLAND	P		Prince Georges
b. CITY OR TOWN (Foutside carparate in n)	n Is. wr e FURAL	c. LENGTH OF STAY IN 15	lln		le RURAL and give nearest town)
Cheverl	Ad		Messemann	/ Seat I	Pleasant Md	
			oital, give street address)	d. STREET ADDRESS		ON A FARM?
Prince G	eorge's	General	Hospital	6705	C Street	YES NOTE
3. NAME OF DECEASED	ę	First	Middle	Lost	4. DATE Mon	,
(Type or print)	John	Edward			DEATH May	and the same of th
5, SEX	1	RACE 7. MARRIE	DE NEVER MARRIED 8	DATE OF BIRTH	9 AGE [In years left birthday]	Months Days Hours Min
male	white	WIDOWED	DIVORCED	Dec 12, 19	906 51 yn	
10o. USUAL OCCUPATE during most of working	ON (Give kind of	work done 10b K	IND OF BUS NESS OR INDUST	RY II BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	neering		umbing	Virgin		USA
13. FATHER'S NAME			9	14. MOTHER'S MAIDEN	NAME	innanoquillana. II. uquilling qiqqiy — v
	Lynn Par	vne		Virgini	ia Eye	
15. WAS DECEASED EV	VER IN U. S ARM		OCIAL SECURITY NO. 17. M	IFORMANT	Addres	13
	no	57	9 02 4772 B	ertha L Pay	ne Seat Plea	asant. Md.
18. CAUSE OF DEA	ATH [Enter only o	one cause per line f	or (a), (b), and (c).]		4	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED	BY:	a. to Man	222-6	le de L	ONSET AND DEATH
442x		UE TO	cuic an	a suprairie	rear -	
Conditions, II		0.	1100	0.	1 70 .0	d. 2. 2
gove rise to imme	diote couse	(b) CO	raco y z	soures	June	. Cliques C
(a), stoting the	underlying					
Maria de la companya del companya de la companya del companya de la companya de l	HER SIGNIFICAN	(c) T CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CONDITION G	IVEN IN PART I(0) 19, WAS AUTOPSY
E						PERFORMED?
E 20g. EXTERNAL CA	LISE WAS	205 DESCRIBE	HOW INJURY OCCURRED (E	nter notice of injury in the	at Lan Bast 11 of Stan 18 1	YES NO D
PRIMARY OF CO	INTRIBUTING []		THE PROPERTY OF THE PARTY OF TH	THE TOTAL OF THE ONLY IN TO	at 1 or roll 11 or Hell 14 }	
3 20c. TIME OF INJL	JRY Month, Di	ay, Year 20d If	VIURY OCCURRED 20e PLAC	E OF INJURY (Home, for	m, i 20f (City or fown)	(County) (State)
Y 20c. TIME OF INJU		While		ory, street, office bldg., etc	c.) }	
			emains described abo	ve hald on Auton	or December 5	() - () - ()
						- mast
op nian death	resulted from	m: Naturol c	ouses 📝 Accident	, Suicide [Homicide Undet	ermined monner
ACTUAL		()		CINES INTOINE		DATE SIGNED
SIGNATURE	zm	en H	- to-10-	_M D CHIEF MEDICALE		
EXAMINER'S	1.	7	12 11	ASSISTANT MEDIC		1100
NAME (Type)	MAME	511.1	DOYD _	DEPUTY MEDICAL		En 76, 1418
220. BUR ALL CRIMATA	ON, 22b. DATE I	HEREOF	TAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or county) (Stole)
BURIA	10-0	17-08	LEDAR HI	24	SUIT/AND	0 [10.
13. FUNERAL DIRECTO	S SIONATURE	. /	ADDRESS 1021	240) REC	D BY REGISTRAR 246/REG	ISTRAR'S SIGNATURE
umoth	4/1/2	alou-	3631-15A.	TVE-11- YUATE	OUN Z	reduch



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. ALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH o. COUNTS D. STATE COUNTY b. CITY OR TOWN (If outside corps C. KENGTH OF STAY IN 16 c. CITY OR TOWN (If out the corporate ! hits, write RURAL and a ve nearest town) 40 TONAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS PESITA 4 TE retained for a State Board 00 ON A FARM YES NO NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) MARRIED THEYER MARRIED THE DATE OF BIRTH 9. AGE (In years 5. SEX FUNDER TYEAR Months Doys Hours WIDOWED J DIVORCED [USUAL OCCOPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BITTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? hernecal o 13. FATHER'S HOME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) NTEPPAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per time for (o), (b), and (c) ONSHIE AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, If any, which gave rise to immediate cause **DUE TO** (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🔲 NO -200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of stem 18.) PRIMARY OF CONTRIBUTING DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 120f. (City or fown) (County) (5tote) factory, street, office bldg., etc.) Hour While Not while p. m. of work of work D. M. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry 14 and in me opinion death resulted from: Natural causes 🛂 Accident Suicide . Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Woods O 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAN'S SIGNATURE **YS. A15ME** DATE BM 2/57



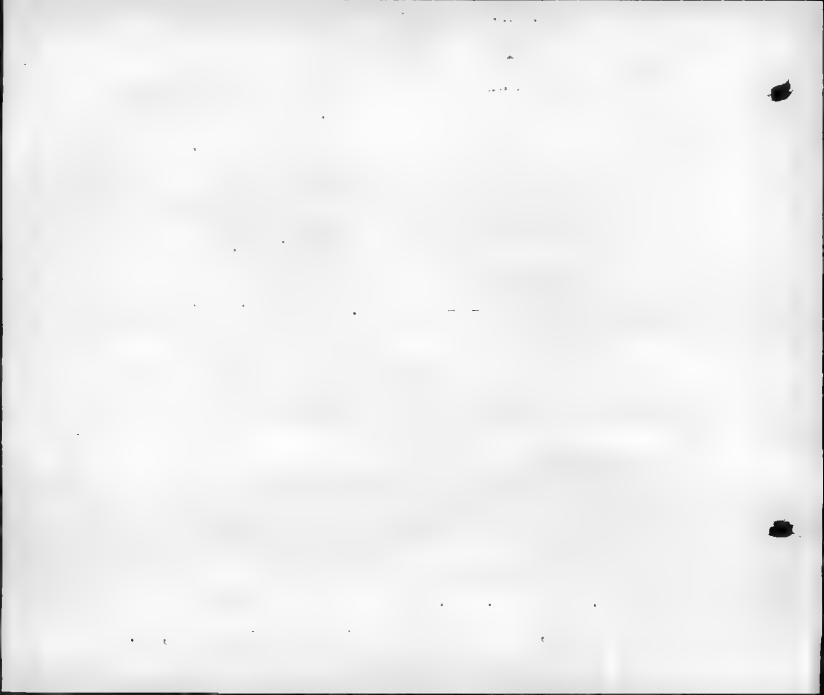
VS A15 (4) 15M 10/57 06064

6060 CERTIFICATE OF DEATH

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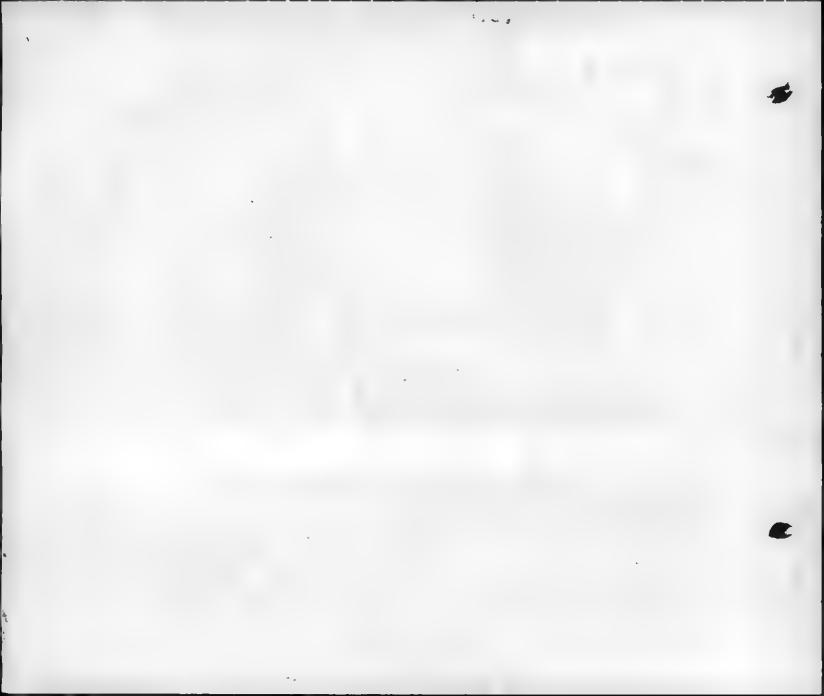
Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Princ	e Georges		MARY	LAND	2. USU 6. S	AL RESIDENCE Mary	(Where deced	sed lived If institu b. COUN	04.0	e before odmission)
i	b CITY OR TOWN (II RURAL and give no	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Che verly 2 days				ITY OR TOWN		porate limits, write			
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		, d. S	TREET ADDRES	is s			e. IS RESIDENCE
7		orges Gen	eral	Hospital		/	3108	Upshu	r St.		ON A FARM? YES NO
	3. NAME OF DECEASED	Fu	51	Middle			Lost	4. DATE	М	onth	Day Year
i	(Type or print)	Albert	7	7		Poly	anski	OF DEAT	H M	av	211 19 59
	5. SEX	6. COLOR OR RACE	7 MARE	RIED CNEVER MARRIE	D 🔲 8	DATE	OF BIRTH		9. AGE (In year		YEAR IF UNDER 24 HRS
	Male	White	WIDOWI	The state of the s	_	11	July	1919	lost bighday		Days Hours Min
	10a. USUAL OCCUPATIO during most of work	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11	BIRTHPLACE (S	state or foreign	country)	12. CITI	ZEN OF WHAT COUNTRY
	Carpent			olf employe	đ		Annapo:	lis, Md			USA
	13. FATHER'S NAME					14. MO	OTHER'S MAID	EN NAME			
		ben L. Pol					Bertha	Myers			
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. ervice)	SOCIAL SECURITY NO.	. 17 IN	FORMA	NT		Ac	ldress	
	no	no	7.00	14-05-2064		C.	Mae Po	lyanski	- Wife-	same	as # 2
			use per lu	ne for (o), (b) and (c).	1		,			,	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) QCUSTE HAR ELECTRICAL COSTS										
	587.0										
		gove rise to immediate the world for the order and the the order									
	couse (o), stating I	couse (a), stating the under. DUE TO									
	lying couse lost.	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY									
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	IOT REL	ATED TO THE T	ERMINAL DISEA	ISE CONDITION G	IVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
	N ACCIDING MAIN	E OLUMBIOLIS	001 050								YES NO
	G (IF EITHER, NOTIFY)	CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OF	CURRED	(Enter i	noture of injury	y in Port 1 or P	orl II of item 18.)		
	20c. TIME OF INJURY Hour a. m.	Month, Day, Yes	20d. If	NJURY OCCURRED Not while	20e. PLAC	E OF II	JURY (Home, et, office bldg.	form, 20f. (Ci	ty ar town)	(Co	ounty) (State)
	₹ p. m.	19	of wor						4		
	21. I certify the	at I attended the	decease	ed from 19	157	, 1	9, ta_	2411	Wy 195	Fifthat I lo	ast saw the deceased
	alive an كر	3 May	19_	Sign, and that	death (occurr	ed at 4.4	OA M, fro			e date stated abave
	1	6.6	100	*			0	ADDRESS	Street, city or low		· DATE SIGNED
	SIGNATURE C	on	reli	11	M	D. 71	106 G	Levell	Kof -		
	PHYSICIAN'S NAME (Type)	r. Leon Ga	llin	. M D.			20	Hyar	Herly		Mal
	220 BURIAL, CREMATION REMOVAL (Specify)	226 DATE THEREC	F	22c. NAME OF CEME	TERY OR	CREMAT	ORY	21d LOC	ATION (City, fown	or county)	(State)
	Burial	May 28, 19	958	Our Lady e	f the	Fi	elds		lersville		
	23 FUNERAL DIRECTORS	SIGNATURE	بر رحب	ADDRESS				REC'D BY REGI		SISTRAR'S SIGN	NATURE
	WHOPPING	FUNERAL HO	40V//A	nnapolis,	Mary]	la nd	PATE	/ 0 0 IEQ	-001	- 1	
							17/15/			Street, A. Land	



5005 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY o STATE b. COUNTY MARYLAND b CITY OR TOWN (outside corporate limits, write / c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF HOSTITAL BE not up pospilor give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES IND 19 NAME OF Middle DECEASED (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED TINEVER MARRIED AGE (In years lost birthday) 8 DATE OF IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours DIVORCED [WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND, OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT CAUSE OF DEATH | Enter only one couse per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/FUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO P 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED (County) (Stole) factory, street, office bidg., etc.) Hour o.m. While Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased Land that death accurred at 6 7 alive an M, fram the causes and an the date stated above ACTUAL DIREC PHYSICIAN'S FUNERAL NAME (Type) ന 220 BURIAL, CREMATION, 22b. DATE THEREOF 222 NAME OF CEMETERY OR CREMATORY 22d LQCATION (City fown, or county) (Stote) REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAD 24b REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 10/\$7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15ME 5M 2 57

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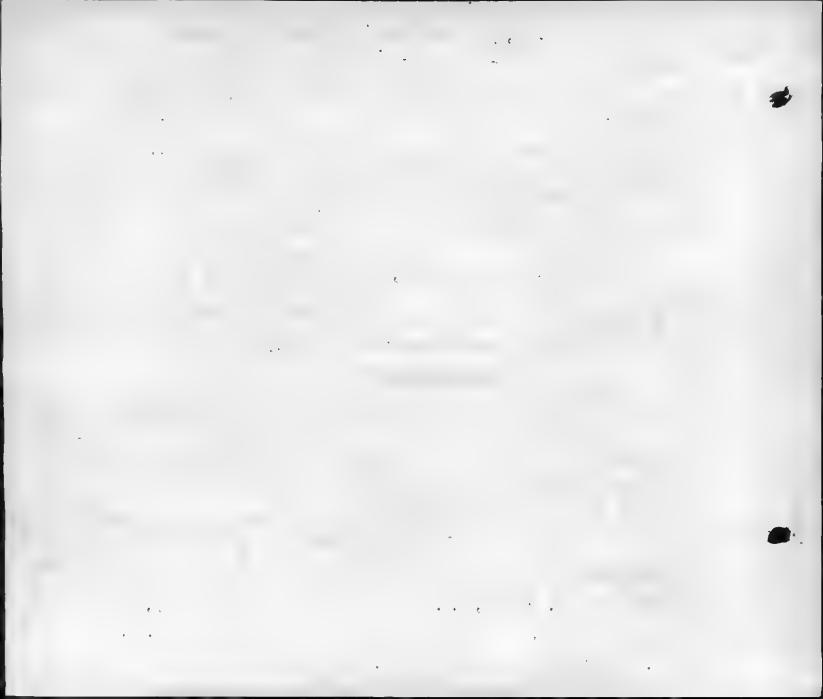
2

K

Reg. Dist. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived If institution: Residence before admission)
o. COUNTY Prince Georges MARYLAND	O. STATE Maryland b COUNTY Prince Georges
b. CITY OR TOWN Iff out de carporale fimils, w/ e BURA. C. LENGTH OF STAY IN 1b and give necres fown]	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)
Riverdale Md	/4- College Park, Md.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Te IS RES LENCE
Leland Memorial Hospital	7507 Girard Street.
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) Richard Knowlton Prest	OF
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8.	DATE OF BIRTH P. AGE IN YOUR TENDER TYEAR IF UNDER 24 HR
male white WIDOWED DIVORCED A	ug 30, 1957 lat b ribdoy) yrs Magillas Pays Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
none	Maryland USA
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Knowlton Preston, Sr	Stewart Thersa Berry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IN	FORMANT Address
	chard Knowlton Preston Sr College Park,
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute congestive	
DUE TO	
Conditions, if ony, which) (b) Bronehopneumonia	
gave rise to immediate cause	
to), storing the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
8	PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	der noture of injury in Port 6 or Port It of Hem 18)
	E OF INJURY (Home, form, 120f. (City or town) (Caunty) (Slate)
Haur o, m, While Not white factor p, m, 19 of work of work	ry, street, affice bldg., etc.)
21. I certify that I taok charge of the remains described above	e, held an Autopsy . Inspection . Inquiry . and in my
ap'nion death resulted from: Natural causes . Accident	
A CONTRACTOR OF THE CONTRACTOR	, someon , someon , orderenimed marrier
SIGNATURE John J. Maloney	M.D. CHIEF MEDICAL EXAMINER []
	ASSISTANT MEDICAL EXAMINER
NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER 1 May 3, 1958
220. BURIAL, CREMATION 226 DATE THEREOF 220. NAME OF CEMETERY OR C	
Burial May 5, 1958 Mt Olivet Co	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATEMAY 7 151 Clerchen



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificat devicting the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director Regge 4 shauld be farward 5 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 75. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Medith, or its designated agent, prior to barial, cremation, or removal, and in any event within 72 haurs after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

060	6	7	
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		Reg. Dist. No.
	I. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Easidence before admission)
	MARYLAND	o. STATE Y Maryand b. COUNTY (2 - Sep-
	b. CITY OR TOWN (If autide corporate Minis, write BURAL C. LENGTH OF STAY IN 16 and propriet found)	c. CITY OF JOWN (If arryde corporate limits, write RORAL and give nearest lown)
	Cheverly 2000	Soure, md-
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	STREET ADDRESS Sanham ON A FARMS
7	Prince Georges Gen-Hosp	(5-0.130x-272 swempl - YES NO !!
	3. NAME OF DECEASED First Middle	4. DATE Month Doy Year
	(Type or print) Clifford Carnes	Iteld DEATH VV/ay 28 1958
	Yan	DATE OF BIRTH P AGE Its year IF UNDER TYEAR IF UNDER 24 HRS Jost brithdoys Months Days Hours Min.
	TO THE STATE OF TH	3-20-17 17 you
	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (Side of foreign country) 12 CITIZEN OF WHAT COUNTRY?
Y	Kelined your Employee Samalorum	New york 1 4.59
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jonio Johnson I aca	Mary James
	[Yet, give war or dates of service]	PFORMANT ACTIVIE
	126-10-22013	and Henry red - Danned gress.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0)	go shock
	9/6X DUE TO 11-	0 1 1 1
	Conditions, If ony, which (b) Jumbles w	sunds abdomen
	(a), stating the underlying DUE TO	
	couse lost. (c)	
	Car.	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	206. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Port J or Port II of item 18)
	Joseph John Carry	duounde -
	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRO 20e PLAI Hour While Noi while	E OF INJURY (Home, form, 1206 (City or town) (County) (Stote)
	₹ p. m. 5-27-579 of work of work	one 100me-19- ger - Mg.
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy 🔲, Inspection 🖾 Inquiry 🔀 and in my
	opinion death resulted fram: Natural causes . Accident [], Suicide 🔀, Hamicide [], Undetermined manner []
	Larry A 1 - and A	DATE SIGNED
	SIGNATURE JOhn J. Waloney	M,D CPHEP MEDICAL EXAMINER
	EXAMINEES T	ASSISTANT MEDICAL EXAMINER
	NAME (Type) NOAN 7-MALONEY, M.D.	DEPUTY MEDICAL EXAMINER X 5 -27 3 8
	220. BURIAL CREMATION 27 DATE THEREOF 220 MAME OF CEMETERY OR	CREMATORY 22d JOCATION (Cily, town, or equnty)
	23. FUNERAL DIRECTOR'S & GNATURE ADDRESS	Cloudery Canandargur 1. 4.
	11 to 11 The 11	24 PEGISTRANS SONATURE
	Ne 1 11 Manalother Laurel	DATE DATE



Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; may be retained by the espital or ottending physician. TO FUNERAL DIRECTOR If the this certificate has been signed by the attending physician and completely filled in by the fun page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should ge fit the registrar prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55

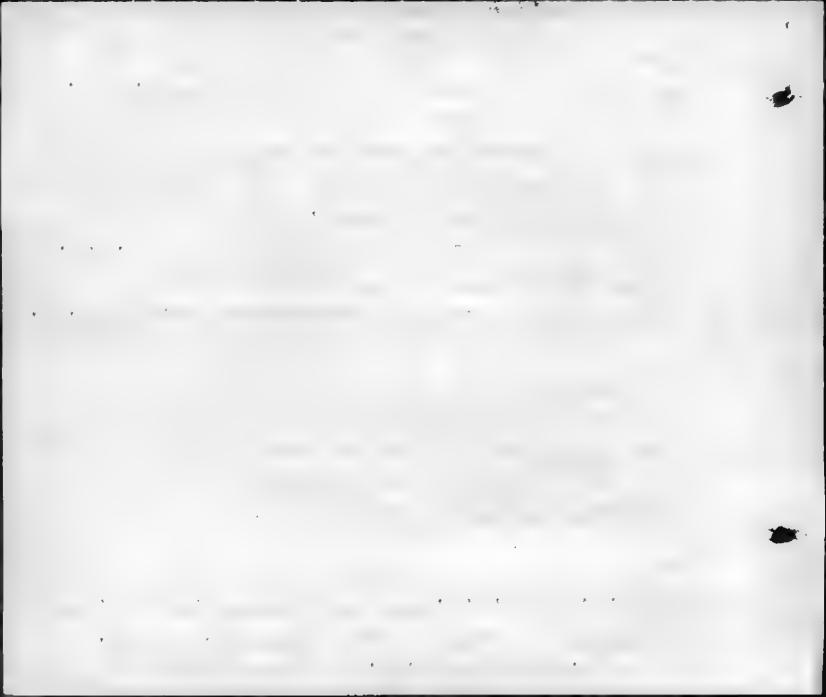
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1	MARYLAND STAT	E DEPARTMENT	OF HEALTH—BALTIMORE,	18
• }	0000			

07186

CENTIFICATE OF DEATH

L		0.00	O CERTIF	ICAI	E OF DEAT	TB	Reg	g. Dist. No.	
1.	PLACE OF DEATH	ince Georges	1 MARYL	ll ll	USUAL RESIDENCE (W o. STATE Marvl	_	b. COUNTY	• Geo	
Г	b. CITY OR TOWN (II RURAL and give ne	f autside carparate limits, write arest town)	c. LENGTH OF STAY II	N 15	c. CITY OR TOWN (IF	outside carporate li			
	Mitchel		Liffe	- 11.	Mitch	ellvill	θ .		
	d. NAME OF HOSPIT OR INSTITUTION CONTROL	AL (If not in hospital, give stre	et address)		d. STREET ADDRESS Contral A	venue			IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Dean	Middle F. G. W	dr d	Re10	4. DATE OF DEATH	Month /s A 3/	Day 29	Yeor 1958
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED		ATE OF BIRTH	9. AC	E (in years /IF U	NDER I YEAR I	F UNDER 24 HRS.
L	Male	White wipo	WED DIVORCED		Tel 23, 19	158 1ª	t birthdoy) Mon		Hours Min.
10	 USUAL OCCUPATION during most of work 	N (Give kind of work done 10 ing life, even if retired)	6. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or fareign country	12	. CITIZEN OF	WHAT COUNTRY
<u> </u>	FATHER'S NAME			1.	Maryla	A-7-100		U. S.	. A.
]''		Coones Poss		1	MOTHER'S MAIDEN		+ + + + + + + + + + + + + + +		
ļ.,		George Reio	COCIAL CECURITY NO.	17. INFO		ances S			
ď	n. no. or unknown)	If yes, give wor or dates of service]	6. SOCIAL SECURITY NO.				Address	22 22	3. 3.6.3
H		the formal	No. 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	סמיני ו	mas Georg	e Kelo	Mitche		le, Md.
		TH [Enter only one couse per TH WAS CAUSED BY:	line for (a), (b) and (c).	1	1. 1	1. 1	12	ONSE	T AND DEATH
		IMMEDIATE CAUSE (a)	f st min	y Ive s	1217EY 5	616181	1 7160 00	14:15	O TOP
	4.73 X	DUE TO	•	/					
	Conditions, if an								
	gave rise to in couse (a), stating (
	lying couse last.	(c)							
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN		WAS AUTOPSY PERFORMED? YES NO
	200, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Part I or Part II of	ilem 18.)		
MEDICAL	20c. TIME OF INJUR			On. PLACE	OF INJURY (Home, form	n, 20f. (City or to	wn)	(County)	(State)
A A	Hour a. ft. p. m.	19 Whi	le Not while ark at work	roctory	street, office bldg., etc				
	21. I certify the	at I attended the dece	used from 20 /21	1743	. 1950 to 2	9/1200	10 58 the	at I lost son	w the deceased
	alive on 20	7 MAY 19	4- 44	leáth oc	curred at 3.9	4 M. from the	causes and a	on the date	stated above
		2/27	* *		1	ADDRESS (Street, o	ity ar town, state)	7	DATE SIGNED
	ACTUAL SIGNATURE	17.19. The	2-7-68	M.D.	1.2 1/2/2	3 1 /2 :	नप्राचं	1227	29/1/2V
	PHYSICIAN'S R	. B. Sasscer	. M. D.		Upper	Marlbor	o Many	dend.	
=	o. BURIAL, CREMATIO		22c. NAME OF CEMET	=0× 00 C0					
"	REMOVAL (Specify)	, ,					City, town, or cau		(State)
22	Burial FUNERAL DIRECTOR'S	15/31/58	Trinity ADDRESS	Luth				Md_	
143			Marlboro.	Ma		D BY REGISTRAR	24b, REGISTRAR	SSIGNATURE	
	TAM O DESIGN .	proge obber	. Star HOOLO	THE O	DATE	UN 1 0 '58	1 Ulling	collection	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

may be retained by the property or attending physician.

TO FUNERAL DIRECTOR:

For this certificate has been signed by the attending physician and campletely filled in by the fundance of should be detached for use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar remayal, and in any event within 72 hapts after death.

VS A15 (4) 15M 10/57

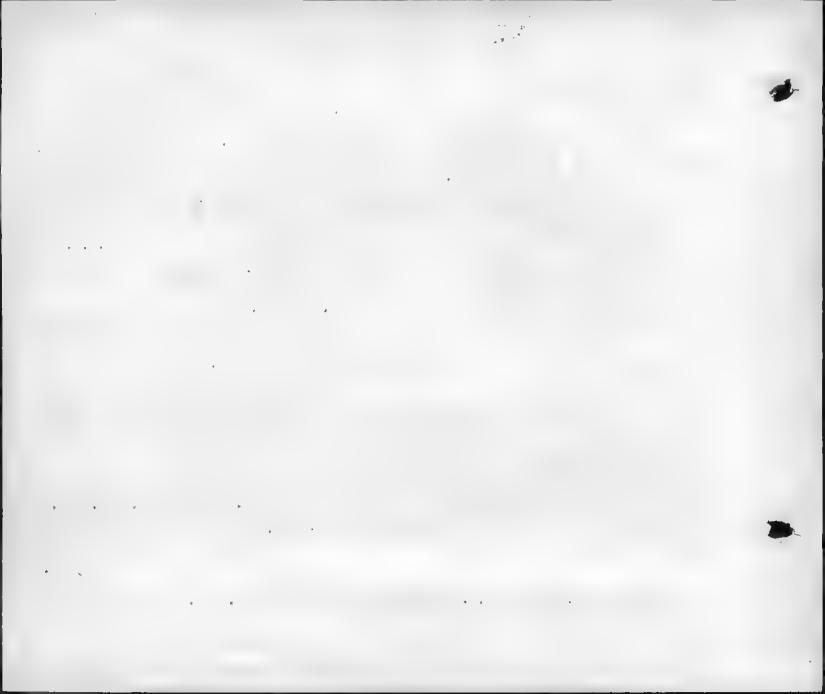
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6963 Item

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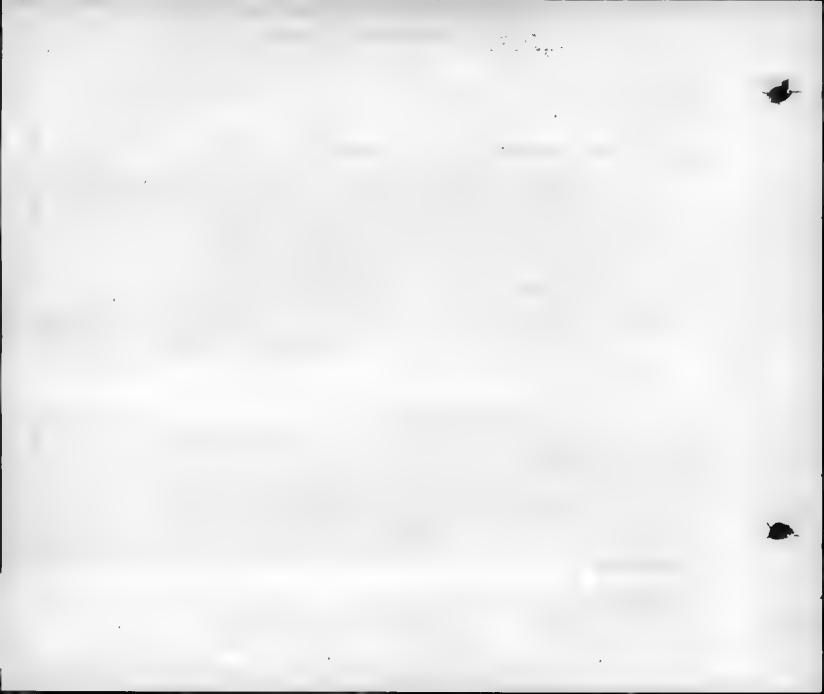
Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY "		2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE b. COUNTY					
Prince George	0.10=	Md	10	COUNTY	ince G	eorge	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	AY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Cheverly Md 20	Days 1/4	Mt. Rainier	, Md				
d NAME OF HÖSFITAL (If not in hospital, give street oddress) OR INSTITUTION		d STREET ADDRESS			e	IS RESIDENCE	
Prince George General Hospital	1	3005 Arund	del Rd.			YES NO 🗔	
3. NAME OF First Mid	ddle Rhine		4. DATE	Manth	Day	Year	
(Type or print) Mary C.	Shine		OF DEATH	May	3	10 58	
5. SEX 6. COLOR OR RACE 7. MARRIED M. NEVER MA		TE OF BIRTH	9 AGI	Elin years IF UN	DER I YEAR II	F UNDER 24 HRS	
- Wildow		1-26-78		herinday) Mont		Hours M.n	
10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS during most of working life, even if refired)	S OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12	CITIZEN OF	WHAT COUNTRY?	
Retired		Marvls	and		II.S	3 A	
13 FATHER'S NAME	14	MOTHER'S MAIDEN NA		,	Пъс	Lalla	
John S Arthur		Av	ngeline I	Jamaman			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO 17 INFOR		TOTALIO I	Address			
(Yes, no: or seknown) (If yes, give war or states of service)		Mrs. Jesse	D James				
18. CAUSE OF DEATH [Enter only one couse per line for (5)] (b), and	(c)]	MINA DEPUT	D. Ollies			VAL BETWEEN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	In on	are	Cm	EXS		T AND DEATH	
9040 DUE TO			1 , (0			
Conditions if any which 1	110 =	Colo. 1	the di	-			
gove rise to immediate			1) 11				
lying couse lost (c) (c)	70	uch	leth	temi	u.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO	DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISPASE CONT	OITON GIVEN IN	PART 1(a) 19.	WAS AUTOPSY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO 20g. ACCIDENT WAS UNDERLYING ET OR CONTRIBUTING THE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. P. m. 119 Cause of Death Hour work of Not white White Work of Wark To			<u> </u>	/		PERFORMED? YES NO	
206. ACCIDENT WAS UNDERLYING () 206. DESCRIBE HOW INJURY OR CONTRIBUTING (S CAUSE OF DEATH	Y OCCURRED (En	ter nature of injury in Pa	ort I or Port II af il	tem 16)			
O (IF EITHER, NOTIFY MEDICAL EXAMINER) Fall	in home						
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED		F INJURY (Home, farm, street, affice bldg., etc.)	20f. (City or tow	m)	(County)	(Stote)	
Hour a.m. P. m. 19 5 at work of wark 2	Home			nier. Pr	Con	Md.	
21. I certify that I attended the deceased from		, 190				v the deceased	
	nat death acc	6+95A					
	iei deam dec		DDRESS (Street, cit		n the date	stated above. DATE SIGNED	
SIGNATURE AMO. Malgrey	М.О.	2202 Cheve			tswill		
PHYSICIANS							
NAME (Type) John T. Maleney M.D. Debu	th Medic	al Examiner	Pn Ge	-Count	Y5-	3-58	
220 BURIAL GRENATION, 226. DATE THEREOF 22c. NAME OF CO	EMEJERY OR CRE			ity town, ar coun		(Stote)	
Dural 5-6-1427 Dag	by W	les	Wa	she!	Dal		
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS			BY REGISTRAR	24b REGISTRAR'S	SIGNATURE		
Mattingly Funeral Home, 131-11th S	it.S.E.,	Vash. DATE		0/	- 1		



	1		5054 CERTIFIC	ATE OF DEATH	Reg. Dist. No.
director	1	1.	AACE OF DEATH I. COUNTY Prince Georges MARYLAND	2 USUAL RESIDENCE (Where deceased lived If is a STATEMARY Land b. Co	institution Residence before odmission) DUNTY Prince (seorges
dealth.			CITY OR TOWN (if autside carporate limits, write RURAL and give nearest lawn) Cheverly Md. L week	c CITY OR TOWN (If outside corporate limits, Cheverly, Md.	write RURAL and give nearest town)
rs offer by the f	00		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5825 Dewey Street	d. STREET ADDRESS 3106 Crest ave	e. IS RESIDENCE ON A FARM? YES NOX
24 hav			NAME OF First Middle SECEASED Kate Rho	lost 4. DATE OF	Month Day Year Nay 4. 1958- 19
within 2 letely fills.		5.	female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Temale White WIDOWED DIVORCED		years IF UNDER TYEAR IF UNDER 24 HRS
executed of compart of		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired) HOUSewife Own Home	PUSTRY 11. BIRTHPLACE (Stote or foreign country) Virginia	U.S. A
be a		13.	FATHER'S NAME Jacob Lamb	Catherine Smith	
certificate ig physicia remove co		15 (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Grace Einhorn Chev	Address verly, Md.
ottendir n please within			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	andial dulari	INTERVAL BETWEEN ONSET AND DEATH
es that the ed by the mit. The any even	I		DUE TO Conditions, if any, which) (b)		
requires the signed but sit permit, and in any			gove rise to immediate cause (a), stating the <u>under-</u> lying cause last.		
physicic os been iol-trans	٥	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION	DN GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ending ficote h the bur ar rem		CERTIFICA	20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II af item	18.)
PHYSIC of ar att his certi use as		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 While Nol while of work of work of the control of work of the control of work of wor	PLACE OF INJURY (Hame, form, 20f (City or tawn) foctory, street, office bldg., etc.)	(Caunty) (State)
pilo er ti fhed for rriol, cre			21. I certify that I altended the deceased from 3/5		9_58, that I last saw the decease uses and on the date stated abay
ATTEN 3 by th ECTOR oe detact			ACTUAL FIGURE	ADDRESS (Street, city or	
retained B RAL DIREC should be strar priar	/		PHYSICIAN'S F. E. MUSSEY MI) Ladour	Hello prd.
HOSP noy be FUNE oge 3			BURIAL, CREMATION, 22b. DATE THEREOF 20c. NAME OF CEMETERY REMOVAL (Specify) 5/7/58 Fort Linco		town, or county) (State)
YS A15 (4)	V		FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsvil		REGISTRAR'S SIGNATURE
	-			MAY 7 50	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



d'rector, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the spiral or ottending physicion. TO FUNERAL DIRECTOR: The third in 24 haurs of the death of the control of the con 销

VS A15 (4) 15M 9/55 08

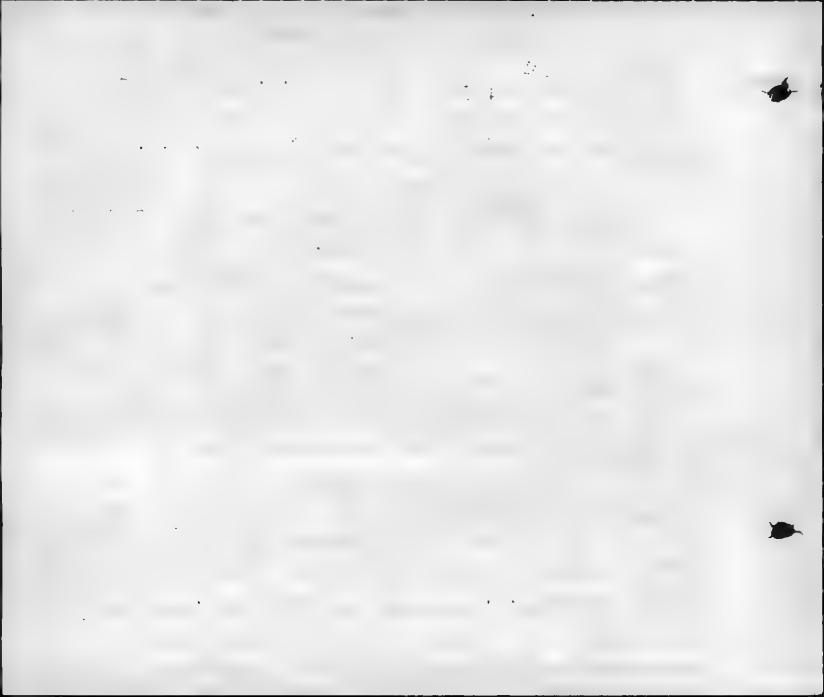
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6100 CERTIFICATE OF DEATH

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Reg.	Dist.	NG	U	6	1	1

	COUNTY				2. U	SUAL RESIDE	NCE (Whe	re deceased li	red. If instituti	on Residenc	a before oc	imission)
l °		Georges		MARYLAND	l °	. STATE	D.	G.	b. COUNTY	_		
b.		outside corporate lim orest town)	c	c CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)								
d.		L (If not in hospital,	# _	d. STREET ADI		hington	1	4 ,	_	RESIDENCE		
	OR INSTITUTION				1	a. Jinggi ripe		O 7011	CL N	* *	0	N A FARM?
3. N	AME OF	nn Dale Ho			11				St., N.		YE.	S NO [3]
DI	ECEASED	Fi		Middle		Last		4. DATE OF DEATH	Mon	rth	Doy	Year
	'ype or print)	Arth		Naylor		Robinso	n		5		12	19 58
5. SE	Male	Negro	MIDOME			3/	27/1	1	AGE (In years lost birthday)			INDER 24 HRS.
10a.	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. K	IND OF BUSINESS OR IND	USTRY 1	11. SIRTHPLAC	E (Stole o	r foreign coun	iry)	12. CITI	ZEN OF W	HAT COUNTRY?
	look	म्मु साइ, बरका स क्सास्ट	"	Navy Yard Cafeteria		Tra					T	ISA
Name and Address of the Owner, where	ATHER'S NAME			Oer energia	14.	MOTHER'S M	AIDEN NA	ME				
l a	nthun Sta	wart Robin	con			Canhall	o Tio	shingte	• • •			
15 V	VAS DECEASED EVER	IN U. S. ARMED FOR	CE5? 16. S	OCIAL SECURITY NO. 17.	INFORA		LG Wa	SILTIE	Add	COLL		
{701. (No. or unknown) (1	f yes, give war or dates of t	iervice]		Dane	edent						
		M (Salas aslu sas as		for (a), (b), and (c)]	Dece	euenc					I to remove a	. APPLIANCE
I		H WAS CAUSED BY.	1011	LMOLIARY	11-1	and of	1160				ONSET,	L BETWEEN
	002 X	IMMEDIATE CAUSE (Listonich	400	MORR	1444	5			-/	day
		DUE TO)	MINI INI	T-16	BERCO	21 00	/ m			1600	20 11.
1	Conditions, if an		PU	LIUDVARY	IVE	DE/CCL	103	12			478	5 /MO,
	couse (o), stoting t)	J								
[_ -	lying couse last.) (c)(<u> </u>	
[<u>2</u>	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH BU	TNOT	RELATED TO TH	HE TERMIN	AL DISEASE C	ONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY REORMED?
\ <u>\</u>	UPPE	KLOWECTO	44 K	CIGHT LUNG		FUR T	UBER	CULOS	15/1/	16		NO 🗌
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY OCCURR	ED. (Ent	er nature of i	njury in Po	rt 1 or Port 1	of îlem 18.)			
\ \forall 2	Oc. TIME OF INJURY	Month, Day, Ye	ar 20d IN.	JURY OCCURRED 20s. P	LACE O	F INJURY (Ho	me, form,	20f. (City or	town)	IC	ounty)	(State)
MEDICAL	Hour a. n.	19	While of work	Not while of of work	ociory, s	treet, office b	ldg., etc.)					40.0.04
		of I offended the				, 19.58_,	to	5/12	, 19_58	3,thot 1 lo	ost saw t	he deceased
	alive an	5/11	12.58	B and that deat	h acci	orred at5:	JO.A.	M, from t	he causes o	nd on th	e dote si	toted obove.
Ш		111011	MI	, '					, city or town,			DATE SIGNED
	SIGNATURE	run v	W		M.D	0	lenn	Dale F	lospita]	ī.	5/	12/58
	PHYSICIAN'S .								one fearers			
	NAME (Type)	Moe Weiss.	M. D.		<u> </u>	C	lenn	Dale.	Md.			
	BURIAL CREMATION REMOVAL (Specify)	5/13/5	SF S	22c. NAME OF CEMETERY	OR CREA	WATORY	2	28. LOCATION	JEITY FOWN, O	or county)		\$1016)
23. F)	UNERAL DIRECTOR'S	SIGNATURE		ADDRESS		2	G. REC'D	BY REGISTRAL	24b. REGIS	TRAR'S SIGI	NATURE	
1/1	150, H	2 Family	177	2 con et la	11.					1	- 1	
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary execute the certification within the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of an its designated agent, prior to burial, cremation, a Lemand in any event within 72 haurs after death.

VS A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. DD 6.071

Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Ann. Arundel						
b. CITY OR TOWN III outside corporate I milit, err te RURAL	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)						
end give neorest town) Cheverly	h days		y Side	P				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ial, give street address)	d STREET ADDRESS		e IS PE ID E				
Prince Georges General	Hospital	_		YES NO				
3. NAME OF DECEASED (Type or print) Eugene Alfred Ros	Middle	Lost	DATE Month DEATH May 10,	Doy Year 19 58				
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED 8	May 14, 19	[out birthday)	IF UNDER LYEAR IF UNDER 24 HRS Months Days Hours Min.				
10a USUAL OCCUPATION (Give kind of work done 10b Kliduring most of working life, even if relired)	ND OF BUSINESS OR ENDUSTE	Virginia	r foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER S NAME		14 MOTHER'S MAIDEN NA	ME					
Louis Edward Rose		Rhua	Lyons					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St	OCIAL SECURITY NO. 17. IN	FORMANT	Address	The state of the s				
		Louis E. Ros	e; Father					
Conditions, if any, which) (b)	r (o), (b), and (c).] crebral and pressive		A	INTERVAL BETWEEN ONSET AND DEA 11				
gove rise to immediate cause (a), stating the underlying DUE TO	ovenia							
PART II. OTHER SIGNIFICANT COND TIONS CON 200. EXTERNAL CAUSE WAS PRIMARY 07 CONTRIBUTING 20b. DESCRIBE		OT RELATED TO THE TERM N	ALDISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
	HOW INJURY OCCURRED. (Er	iter noture of injury in Port I	or Fact (I of item 16)					
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, form, form, a.m., p. m. 19 of work of work of work 19								
21. I certify that I took charge of the reopinion death resulted from. Natural co	. Andre		omicide . Undeter	Inquiry , and in my mined manner DATE SIGNED				
EXAMINER: John T. Maloney.	M.D.	ASSISTANT MEDICAL DEPUTY MEDICAL EX	EXAMINER [10, 1958				
	20 NAME OF CEMETERY OR OF CEMETERY OR		22d LOCATION (City, town, or					
L. Wm. Lee's Sons Co	ADDRESS / 300-4/2	STUE DAYERRY	47	RAR'S SIGNATURE				



VS A15 (4) 15M 10/57

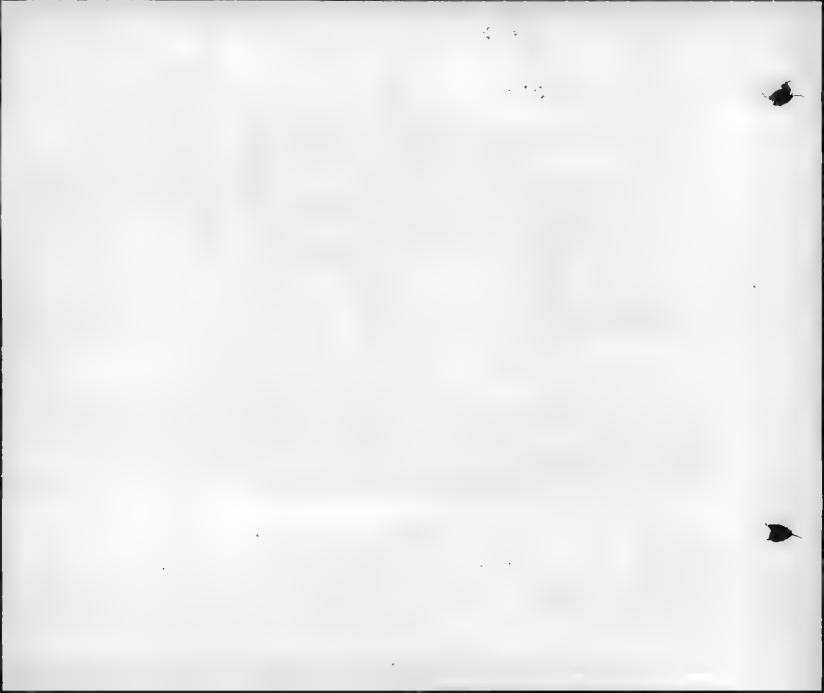
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

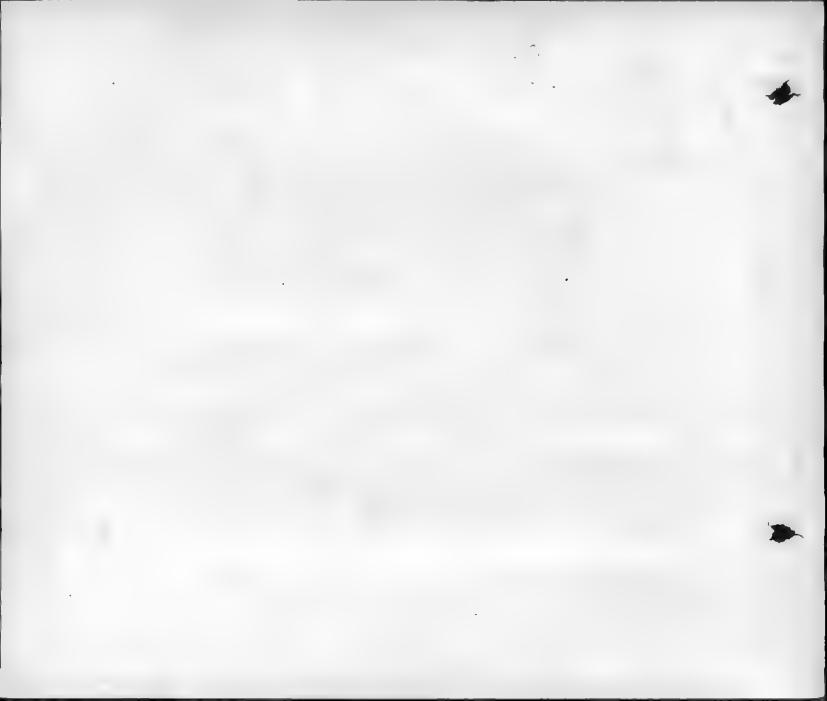
6966 CERTIFICATE OF DEATH

8 0507%

1.	PLACE OF DEATH	ince George		MARYL	li o	STATE	/here decease	d lived If institute b. COUNTY		e before	A.F	n) rge
		If outside corporate limit	s, write	c. LENGTH OF STAY IN	l lb c	CITY OR TOWN (IF	outside corpo	Prote limits, write R	URAL ond g	ive neare	est town)	
	Chever1	y, Md		5 Days	i	Greenbe.	lt. Md					
		TAL (If not in haspital, a	ve street	address)	, 0	STREET ADDRESS				e	IS RESID	
L		ce George G	ener	al Hospital		8 A. Park	ways					NO DX
3	NAME OF DECEASED	Fire	1	Middle		Last	4. DATE	Mor	ıth	Day	Ye	юг
	(Type or print)	Wi	llia	m Sandi:	lands		OF DEATH	. B	ay	9	19	58
5	. SEX	6. COLOR OR RACE	7 MAR	RIEDE NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			
L	Male		WIDOW	Tan P		7-10-76		81 yrs	Manths	Days	Hours	Min.
10	during most of wor	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS OR ing contrac	INDUSTRY 1	BIRTHPLACE (Stol		auntry)		ZEN OF		OUNTRY?
13	3. FATHER'S NAME	LIEU IC	11110	Ing continu	114	MOTHER'S MAIDEN			`			
1"		Unknown			17		known					
11		ER IN U. S. ARMED FOR	7ES2 14	SOCIAL SECUPITY NO	17. INSORA		LHOWH	Add	ress		-	
1,6	Tes, no, or unknown)	(If yes, give wor or dates of se	rvice)	. Southe seconiff (10.		andiland	s G	reenbel		,		
-		ATH Enter only one co	se per li	ine for (o). (b), and (c).]						INTER	VAL BET	WEEN
		ATH WAS CAUSED BY	te	ecco - ba	reuli	r altiel	rut				T AND D	
	331 X	DUE 10	4	Positive V 1	10. 7:	v. 111.					./	
1)	Conditions, if any, which gove rise to immediate (b)											
1	cause (a), stating lying cause lost		4	. + + 1. /	+ 6:1 B	y tonit	illro	4-17		di	Fish	10 12
A CITATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NOT F	ELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	VEN IN PART		WAS AL PERFOR/ YES [MED?
		AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DES	CRIBE HOW INJURY OCC	CURRED. (Enl	er noture of injury in	Part I or Par	t fi of item 18.)	· · · · · · · · · · · · · · · · · · ·			
MEDICAL	20c. TIME OF INJU		r 20d. I While		Oe. PLACE O factory, s	F INJURY (Home, for treet, office bldg., et	m, 20f. (City	y or town)	(C	ounly)		(State)
AA E	р. т.	19		rk 🔲 of work 🔲								
	21. I certify the	hat I attended the	deceas	sed from 7 224 y	2	, 19.53 , ta	Filily	19.53	L,that I l	ost sov	v the d	eceosed
	alive on	Liny 8	_, 19_	ver, and that a	leoth occu	rred at 6:4	45 Me from	m the causes o	ond an th	e date	stated	above
		21/11/11/11	12	1		3 D .	,	freet, city or town,		1.	DAT	E SIGNED
	SIGNATURE	Jumen	I Cold	lli.	M.D.	30-CK1	Das	X81, 451-4	bell 1	ild	- 5	17.73
	PHYSICIAN'S NAME (Type)	Dr. Wedak					e dan jille san gan nja jila pin jan pa	¥				
2	O. BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c NAME OF CEMET	ERY OR CREA	AATORY	22d LOCA	TION (City, town,	or county)		(Stote)	
	Burial	May 12,	195	8 Fort L	incolr	Cemeter	y Co	lmar Na	norl	Мэ	ryla	and
23	. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240 REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATURE		
	F. Ga	sch's Sons	Hya	ttsville M	d.	DATE	V.d. e. tr:		* ~	A		
						1020	3 2 27 -	C.O	- Julian	114		



1 7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. 0.6078
HEALTH DEPT.	1.	COUNTY (STATE) 2. USUAL RESIDENCE (Where deceased lived. If institution desidence before admission) O. STATE (STATE) O. STATE (STATE)
	Ь	CITY OR TOWN It outside corporate mile work of the control of the
or your	-	DAMPE OF HOSPITAL OP-INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RES.DEN. E. ON A FARM?
neral lined for a serie Boarte Boarte Boarte Boarth.	3,	Mine of Deiges Jeneral Hoop 1109 - Mushmulewe YES 10 NO 1
the Street		Type of print) William Henry Davoy DEATH 5- 27 1958
a 3 to a sour of the source of	5. 9	10. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 19. AGE (10 years 1 FUNDER 14 PAR 1 FUNDER 24 HRS 2 FUNDER 24 FUNDER 24 HRS 2 FUNDER 24
2. one 2. one 5 on	10a	. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY 13 CITIZEN OF WHAT COUNTRY 14 - 5 - 6
A See See See See See See See See See Se	13.	MATHER'S NAME
form Prince Porm P	15/	WAS DECEASED EVER IN U. S. ARMED FORCES 16 SOCIAL SECURITY NO 17 INFORMANT Address Address (14 year, give wor or detail of person)
Trail.	T	11. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]
Tem Sil pe		PART I. DEATH WAS CAUSED BY! Thente congestive heart fanhar
Office Office iol-tra		Conditions. If any, which to Cardiovascular Penal Disease
in point.		(c), storing the underlying (c) (c) (c)
ending st Example os emafio	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
ord "p Medical Id be a rial, c.	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 8 or Part 19 of item 18)
Chief Chief a should but	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. FLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Slote) Hour o, m. While Not while factory, street, office bldg., etc.)
ring roge	×	p.m. 19 of work of work
ogen;		opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
Certific Certific Control of Corwins Corwins Corwins Corwins Corwins Certific Corwins Certific Certifi		ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER ACTUAL ACTU
wid by		NAME (Type) QO/7N T- MALONEY, M.D. DEPUTY MEDICAL EXAMINER 3-21-30
2 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	220	AURIAL CREMATION 1226. DATE THEREOF, 1220 HAME OF CEMETERY OR CREMATORY, 22d LOCATION (City, Hown, or county) Missey 21 (Stote)
► ► ► S. A1588E 5M 2/57	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LITTLE S. Machinistry 4 Source 469-71-71. W. DATE JUN 2 '58 0 3
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VS A15 (4) 15M 9/55

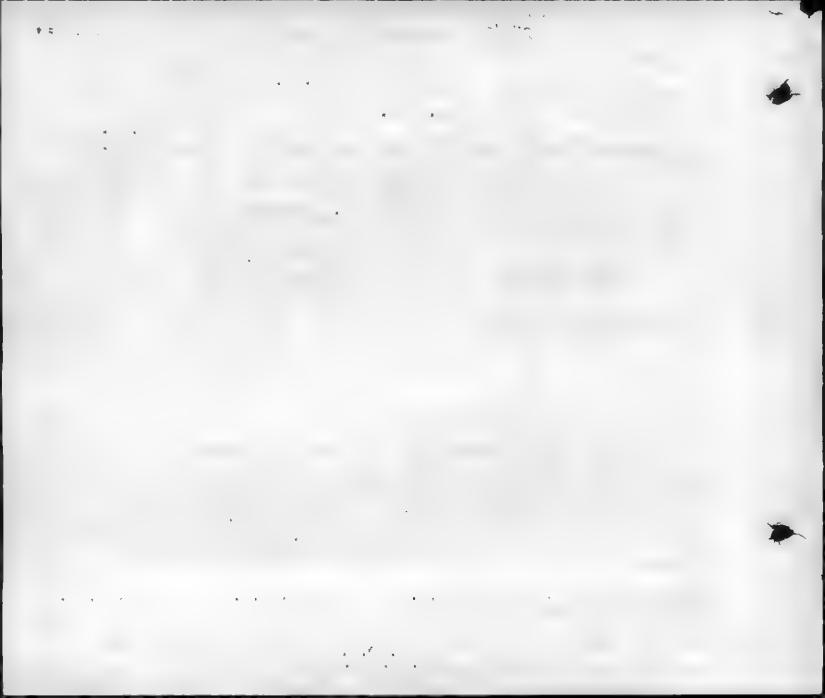
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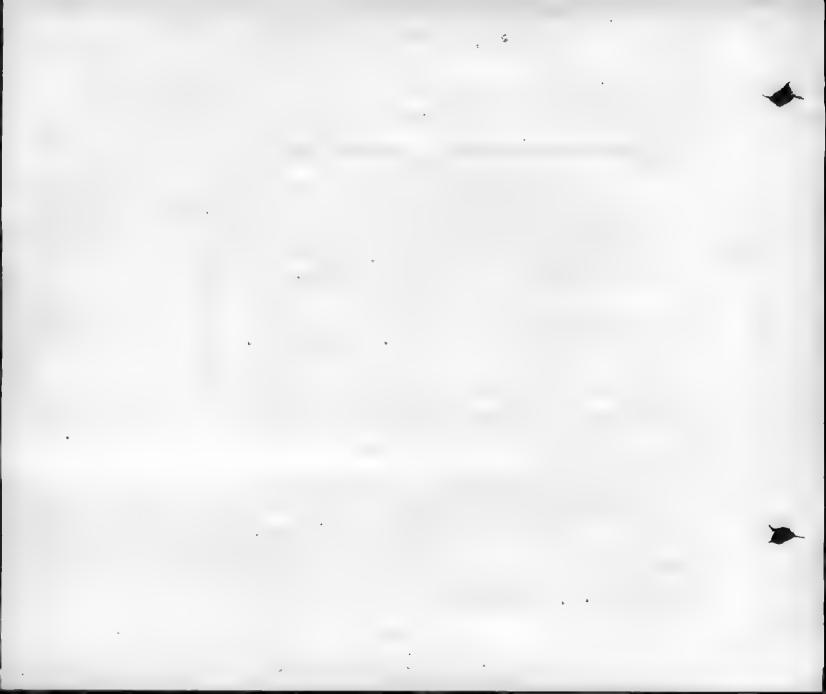
MARYLAND STÁTE DEPARTMENT OF HEALTH—BALTIMORE, 18 6996

CERTIFICATE OF DEATH

06074 Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
PRINCE GEORGE'S MARYLAND						b. COUNTY								
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limit	s, write	c. LENG	GTH OF ST	AY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
L	HYATTSVILLE 2 vrs. 5mo							WASHI	INGTO	1	47	1 1 10		
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	oddress)			d. STREET	ADDRESS			N.	E.	. IS RESIDEN	NCE
L	SACRED HEART HOME								West	Virgi		VO	YES NO	
3.	NAME OF DECEASED	Fin	ıt		Mide	ile		ast	4. DATE		Month	Doy	Yeor	
	(Type or print)	ROSA			AMA	NDA	SCH	MIDT	OF DEATH		5	19	19 5	58
5.	SEX	6. COLOR OR RACE	7. MARR	HED N	NEVER MAR	RIED 🔲	B. DATE OF BI	тн		9. AGE (In ye	ers IF UNDE	R 1 YEAR	F UNDER 24	HRS.
	BUMANTE	WHITTE	WIDOWI			CED 🔲	Apr.		1879	79	yrs. Months	Days	Hours A	Viin.
100	during most of worki	N (Give kind of wark ding life, even if retired)	one 10b.	KIND OF	BUSINESS	OR INDU	STRY 11. BIRTH	PLACE (Stole	or foreign co	iuplry)	7/2 12. C	ITIZEN OF	WHAT COL	UNTRY?
	House						de	Josh	ingl	y No	6,		16	1.
13.	FATHER'S NAME						14. MOTHER	S MAIDEN	MAME	6 01	0			
L	JO	SEPH JOHN	SON				El	nale	eld l	10	Sull.	ever		0
		IN U. S. ARMED FORG		SOCIAL S	SECURITY N	NO. 17./1	PORMANT	1- 0	1 .	11	Address CL	clas	cton 6,	, 3
Ĺ						10	chord	O. Se	limed	T 147	3 W.L	most	de.	1,8
Г	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	ne for (o)	, (b), and (c).]				-		INTER	VAL BETWE	EN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (0)		Car	dio V	Jascu	lar di	sease	9			ONSE	T AND DEA	ATH
	. 1	DUE TO												
	Conditions, if an			Art	terio	scle	rosis,	gene	eral					
	gave rise to in couse (a), stating t	mediote (
	lying cause fast.) (c)						_						
Ñ	PART II. OTH	ER SIGNIFICANT COND	2 SMOITK	ONTRIBL	ITING TO	DEATH BUT	NOT RELATED	O THE TERMI	INAL DISEASE	CONDITION	GIVEN IN PA	RT 1(a) 19.	WAS AUTO	DPSY
3													PERFORMER YES NO	
CERTIFICATION	200. ACCIDENT WAS	UNDERLYING	20b. DESC	CRIBE HO	W INJURY	OCCURRE). (Enter nature	of injury in I	Part 1 ar Port	II of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER												
Š	20c. TIME OF INJURY	Month, Day, Yea			CCURRED	20e. PL	ACE OF INJURY	(Home, form	, 20f. (City	or lown)		(County)	(5	Stote)
MED	p. m.	19	While at war		while work	100	acry, sirem, ou	ce plug., erc	1					
	21. I certify the	at I attended the	decease	ed from	12/	14	. 19	5 to ME	ay 18	10	58that I	lost say	u the dec	
	glive on]	2				at death	occurred o							
	7	0			4 .				ADDRESS (Sh	eet, city ar to	wn, state)	ine dole		IGNED
	ACTUAL SIGNATURE	some?	77	all	-		W.ID.	May		1958				
						'	n.b							
L	PHYSICIAN'S Th	omas F. (Coll	ins,	M.I	0.	322	H St.	N.E.	Wash	ington	n, D.	. C.	
220	BURIAL CREMATION	, 22b. DATE THEREO	/	22c. N/	ME OF CE	METERY O	R CREMATORY	. /		ION (City, toy		7	(State)	77
	Survay	may 22/	38	7	nto	Olive	J-600	ulten	M	laste	every.	In	R	6
23.	FUNERAL DIRECTOR'S	SIGNATURE)	21/1	ADI	DRESS W	ASH.	D.C.	24a. REG	D BY REGISTR	AR 24b R	EGISTRAC'S S	IGNATURE		
	FRANCIS	J. cof//i	IS 3	321		St.	N.W.	DATE M.	AY 21 '	50 (Whee	uch		
												- "		





FOR STA

Health,

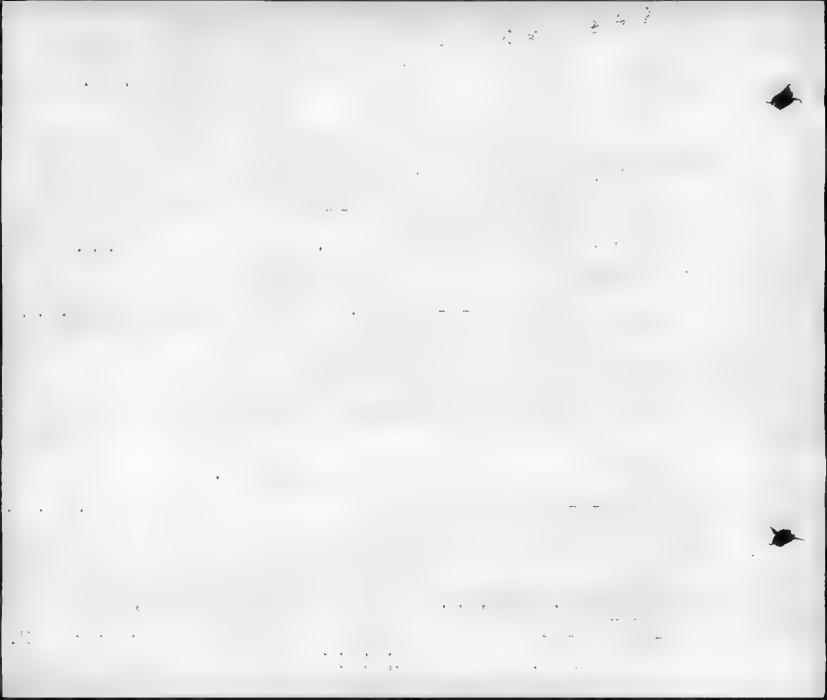
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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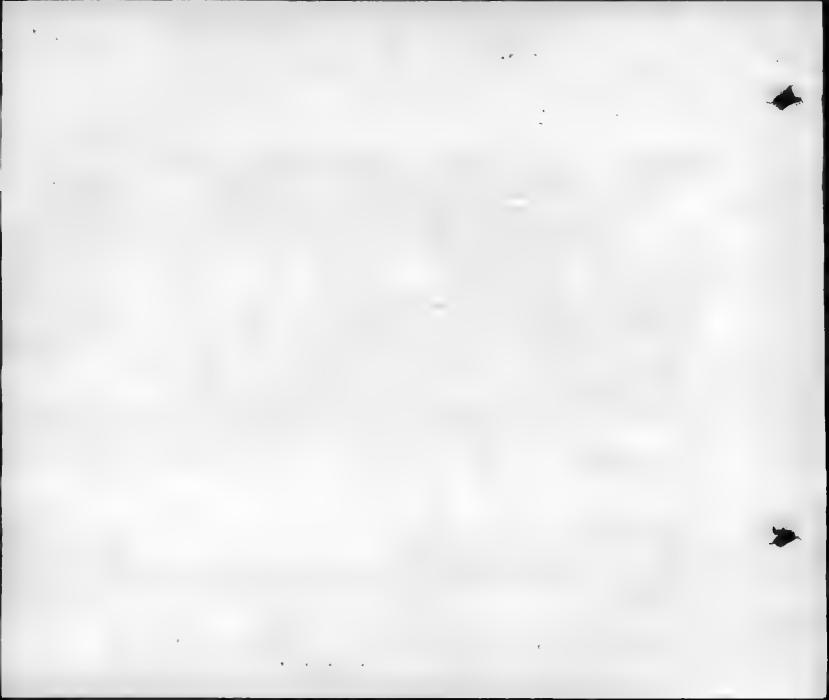
					Reg. Disf. Not
	DINE	***************************************	2. USUAL RESIDENCE (V	Where deceased lived. If inst	itution: Residence before admission)
a. COUNT	Prince Georges	· MARYLAND	G. STATE MATY	land b. COUI	Pr. Geo.
	V (It autiside corporate limits, write FURAL	c. LENGTH OF STAY IN 16	MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admined on STATE Maryland b. COUNTY Pr. Geo. IF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest for the control of the composition of t	the state of the s	
/	1 77 4 7 5	cooperate hands, write FURAL C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write C. DATE HEROF C. CATONN (If outside corporate limits) C. CITY OR TOWN (If outside corporate limits) C. CITY OR TOWN (If outside corporate limits) C. CITY OR TOWN (If outside corporate limits) C. CATONN (If outside corporate limits) C. CATONN (If outside corporate limits) C. CATONN (If outside corporate limits) C.	A		
				Tranomic_uelSu	red lived. If institution: Residence before admission b. COUNTY Pr. Geo. orate limits, write RURAL and give necrest lown) L. Heights Street Month Day Year May 12, 195 P. AGE Its years lift UNDER 17FAR IF UNDER 2 (Institution) Its Principal Princi
1. PAIGE OF DEATH D. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (a) envise segments been, more RUBAL O. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (a) envise segments been, more RUBAL O. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (a) envise segments been, more RUBAL O. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (a) envise segments been, more RUBAL O. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (a) envise segments been, more RUBAL O. COUNTY Prince Georges MARYLAND D. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (a) envise segments been, more RUBAL O. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (a) envise segments been, more RUBAL O. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (a) envise segments been, more RUBAL O. COUNTY Prince Georges MARYLAND D. CITY OR TOWN (a) envise segments been, more RUBAL O. COUNTY Prince Georges MARYLAND No STREET ADDRESS OF ATH May 12, 15 D. STREET ADDRESS OF ATH May 12	ON A FAPA				
	Anna was demanded and	LATANIA.			2 8 2 2 2
DECEASED	- n		(01)	OF	
	6. COLOR OF RACE 7. MARRI		DATE OF BIRTH		_
Male	a a T a ma d			logt burhdoy]	Months Days Hours Min.
TOO LISUAL OCCUP	11100111			77 71	
during mast of wa	rking life, even if retired)				
		Meat		The same of the same	U.S.A.
				sy Glover	·
			IFORMANT	Addre	61
No	1 5	77-28-2892 Mr	cs. Daisy Ke	lly: 67 Quinc	Place, Wash. D.
18. CAUSE OF E	EATH [Enter only one couse per line		•		INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY	Uamanaha sa as	ما مام الم		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Hemorrhage ar	id snock		
1/6	DUE TO				
Conditions, if	gny, which)	Shotgun wound	d of head		
gave rise to im	mediate cause				
	underlying DUE IQ				
_	(c)				at attachment interest in the second
Z PART II.	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAUDISEASE CONDITION C	
3					
200. EXTERNAL	CAUSE WAS 206 DESCRIB	E HOW INJURY OCCURRED. (En	iler noture of injury in Far	+ I or Part II of item 18)	
CAUSE OF DEA	CONTRIBUTING				
	IJURY Month, Day, Year 20d	INJURY OCCURRED 200. PLAC	LE OF INJUSA (Some form	n. 120f. (City or lown)	(County) (State
Hour o.	- Mrkh	e Not white facto	ry, street, office bldg., etc.	-) [, , , , , , , , , , , , , , , , , , , ,
	X 2-TZ- 18 20 of m				leights, Pr. Geo.
21. I certify	that I took charge of the	remoins described obov	ve, held on Autops	y 🔲, Inspection 🕽	Inquiry To and in a
opinion dea					g, mojoriy L. j. and in h
1	th resulted from: Natural	causes . Accident [. Suicide XI.	Homicide 🗍. Unde	
	th resulted from: Natural	causes [], Accident [], Suicide 🔣,	Homicide []. Unde	
ACTUAL	th resulted from: Natural	causes . Accident	CHIEF AMERICAL EX	bood?	
	th resulted from: Natural	loney	M.D. CHIEF MEDICAL E	KAMINER []	termined manner
SIGNATURE	John D. AMO	loney	M.D. CHIEF MEDICAL E	KAMINER []	termined manner
SIGNATURE .	John D. AMO	loney	M.D. CHIEF MEDICAL EX	KAMINER AL EXAMINER	dermined manner DATE SIGNED
EXAMINER'S NAME (Typh) 220. BURIAL, CREMA	John T. M. loney	loney.	M.D. CHIEF MEDICAL EX ASSISTANT MEDIC DEPUTY MEDICAL	KAMINER AL EXAMINER AL EXAMINER MAJ	DATE SIGNED
EXAMINER'S NAME (Typh) 220. BURIAL, CAGMA-REALOWAL 45po	John T. M loney John T. M loney	M.D.	M.D. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL DEPUTY MEDICAL CREMATORY	KAMINER AL EXAMINER MES EXAMINER MES 22d LOCATION (City, fowr	DATE SIGNED 7 12, 1958 , er county) (Stote)
SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMA RENJOVAL (Spo.	John T. M loney M.D. Zic. NAME OF CEMETERY OR ON WOOdlavi. Ceme	M.D. CHIEF MEDICAL EXASSISTANT MEDICAL DEPUTY MEDICAL CREMATORY	EXAMINER MAJ EX	DATE SIGNED 7 12, 1958 (Stole) 8 F.d., S. E. (Stole)	
EXAMINER'S NAME (Typh) 220. BURIAL, CAGMA-REALOWAL 45po	John T. M loney M.D. 22c. NAME OF CEMETERY OR ON WOOdlavi. Cemeral Address Wash. 1	ASSISTANT MEDICAL EXASSISTANT MEDICAL EXAMPLES OF THE PROPERTY TOTAL TOTAL PROPERTY TOTAL PROPER	EXAMINER MAS EX	DATE SIGNED 7 12, 1958 7 or county) 8 F.d., 5. E. 11.85 SISTRAN'S SIGNATURE	

VS ATSME 5M 2 '57

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary execute the certificat. Priving the ward "pending" in pencil in Item 18. Give Flages 1, 2, and 3 to the funeral director 4 shauld be farward A. Vo the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of at its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours after death.



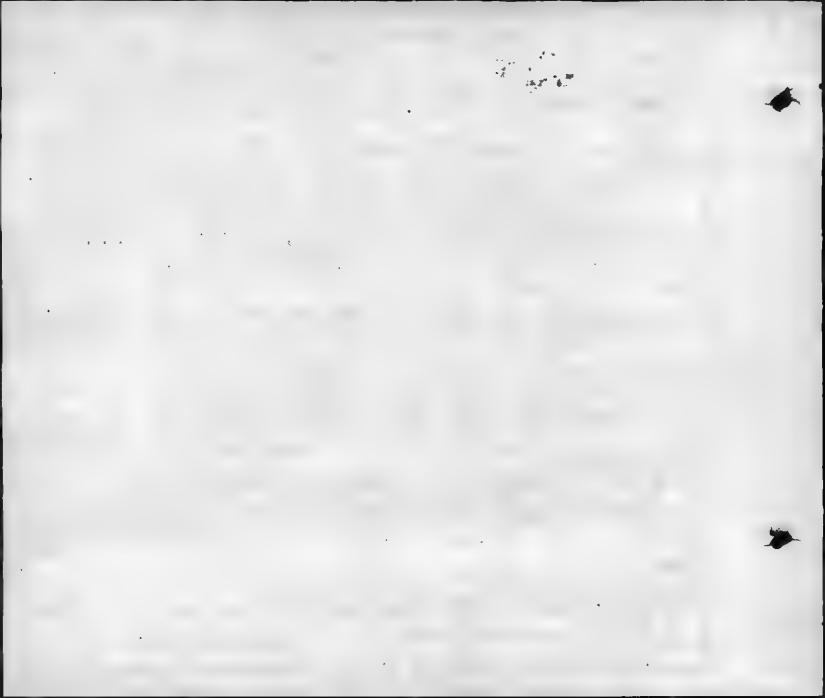
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY (O. STATE b. CITY OR TOWN 11 outside/spriparete for LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rector your lost on arrived NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRE e IS RES DENIL ON A FARM? YES NO TO 3. NAME OF Middle DATE Month DECEASED DE DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years 5. SEX IF UNDER TYPAR IF UNDER 24 HRS Months Doys Hours WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during glost of working life, even if retired) 11. BIRTHPLACE (State os foreign country 12 CITIZEN OF WHAT COUNTRY? 13. FATHER SINAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED BYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war at dates at service) I'ves on at unknownt 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH FART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES TO NO F 200 EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING
CAUSE OF DEATH. 20b DESCRIBE HOW THIURY OCCURRED. (Enter nature of injury in Part I or Part it of item 18) 20d INJURY DOGURRED ADE PLACE OF INJURY (Home, form, 120f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, stubet, office bidg., letc.) While Not while 19 of work of work 10,000 21. I certify that I took charge of the remains described above, held an Autopsy Inspection D-Inquiry 14 and in my opinion death resulted from. Notural causes , Accident 1/2, Suicide . Homicide . Undetermined manner CTC DIRE DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER M.D SIGNATURE ō **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) FUNE 220. BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 40 Arlington Nat'l Cometery Fort Myer. Virginia May 90, 1950 ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE VS. A15ME 58A 2 57



>	6007 CERTIFICA	ATE OF DEATH	Reg. Dist. No. ()6078
1.	PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived If instit STATE Maryland b. COUN	ution: Residence before odmission) TY Prince George!s
D. CO b. CIT RUI d. NA Hya L 3. NAMI DECE (Type 5. SEX 100. USU duri 13 FATH 15. WAS (Yet. no. o	b. CITY OR TOWN (If outside corporate limits, write RURAL and nive nearest townships between the state of the	c. CITY OR TOWN (If outside corporate limits, write a University Park	e RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) ORINSTITUTION YALUSVIIIE Convales cent& Rest Home	d. STREET ADDRESS 6708 Forest Hill Drive	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Maggie (Margaret) Fuller	Smith 4. DATE NO DEATH MA	y 21, 1958.
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED POLYORCED	8. DATE OF BIRTH March 2, 1872 9 AGE (In year lost birthday so y	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
G	during most of working life even if retired) Own Home	Jackson, Mississippi	12. CITIZEN OF WHAT COUNTRY U.S.A.
3	James Madison Fuller	14. MOTHER'S MAIDEN NAME Margaret Elizabeth Lew	ris
15. (Y	at, no, or unknown) If yes, give wor or dates of service)	INFORMANT A S Wells Harrington Unive	rsity Park, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6]	- Kear House	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) the love 1644	Kila Telistice	5 7 = 2 2
	gave rise to immediate couse (o), stating the underlying cause last. (c) Geographic To Geographic Country C	L Of tenoselexcosis	: > Fully
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION (DIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
o. Co. b. Cl. d. N. H. Ya. I. 3. NAMA DECI (Type) 5. SEX 100. US 13. FATh 15. WA! 17. WA! 17. WA! 18. C. G.	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. Pl While Not while all work at work 19	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	(County) (State)
	The second of th	occurred at 2 - P.M. from the causes	A, that I last saw the decease
	ACTUAL SIGNATURE House Worlands	ADORESS (Street, city or tow	
	PHYSICIAN'S NAME (Type) Tr Wodak		
-	D. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	PROCENIES 22d. LOCATION (City, fown	Or Assured
22	Burial May 24, 1958 George Wa		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after baspital or attending physician.

After this certificate has been signed by the attending physician and completely filled in by the left for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shared for use as the burial-transit permit. TO FUNERAL DIRECTO



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 CERTIFICATE OF DEATH W.T. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 6. COUNTY Prince Georges a. COUNTY. MARYLAND PRINCE GEORGES b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest fown) . HILLOUST HEIGHTS Hillerest Heights d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2534 IVERSON DOA Andrews AF & HOSPITAL NAME OF Middle 4. DATE Manth DECEASED OF DEATH HARRIS (Type or print) JOHN 578750 MAY 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years last birthday) Male CAU 15 MARCH 58 DIVORCED [WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Washington D.C. Not applicable 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME mary Ann Saluta William Stanley Stetson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 2534 IVERSON ST HILLCREST HEIGHTS W. S. Stetson None 110 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] PART I DEATH WAS CAUSED BY: | IMMEDIATE CAUSE (0) Probable DHE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) CERTIFICATION 20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) Not Applicable 20d. INJURY OCCURRED 20a PLACE OF INJURY (Hame, farm, 20f. (City or Iown) 20c. TIME OF INJURY factory, street, affice bldg , etc.) Haur o. m. While Not while at work at wark and that death occurred at 9:30AM, fram the causes and an the date stated above. alive an_ ADDRESS (Street, city or lown, state) KMAY SO DATE SIGNED ACTUAL SIGNATURE Capt USAFIMC) 100137 USAF HOSP PHYSICIAN'S NAME (Type) - RUSIN S Andrews A.F.B., Wash BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY

IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Wiknown

PERFORMED? YES NO

(Stote)

(County)

246 REGYSTRAR'S SEGNATURE

(State)

Months

ON A FARM?

YES NO 17

0

REMOVAL (Specify)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rec. Dist. N ALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institut on Residence before admission) a. COUNTY o. STATE **b.** COUNTY Prince Georges MARYEAND Maryland Pr. Geo. b. CITY OR TOWN (til outside corporate I mile, write #JRAL C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Chalerly Seabrook ined for you d. NAME OF HOSPITAL OR INSTITUTION (finat in haspital, give street address) # STREET ADDRESS IS RE IL NOE Prince Georges General Hospital 9601 Franklin Avenue YES NO 3. NAME OF Mirkla DATE Lou Month DECEASED (Frederick) (Type or print) Fred Stewart 13 DEATH 19 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED 1 8 DATE OF BIRTH 5. SEX 9 AGE (in year) IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours Min Male white WIDOWED [7] DIVORCED [3-16-1890 50 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction Carpenter N. Carolina U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James M Stewart Jane A Frye 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address W.W. Charles Stewart: 9600 Franklin Ave. Yes 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease. Canditions, if ony, which) gave rise to immediate cause DUE TO (a), stating the underlying cours lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19, WAS AUTOPSY PERFORMED? NO G 20o. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY D or CONTRIBUTING D 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20! (City or fown) 20c. TIME OF INJURY Month, Doy, Year [County] (Stota) factory, street, affice bldg., etc.) Hour Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry opinian death resulted from: Natural causes 📆 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner 0 DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 요즘 ASSISTANT MEDICAL EXAMINER shauld FUNERA NAME (Type) DEPUTY MEDICAL EXAMINERS 1958 John T. Maloney, M.D. 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Spec ly) May 16, 1958 Arlington National Arlington Virginia Burial 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D, BY REGISTRAR 246 REGISTRAR'S SIGNATURE

Hyattsville Md.

DATE

VS. A15ME 5M 2/57

F. Gasch's Sons



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jřς.

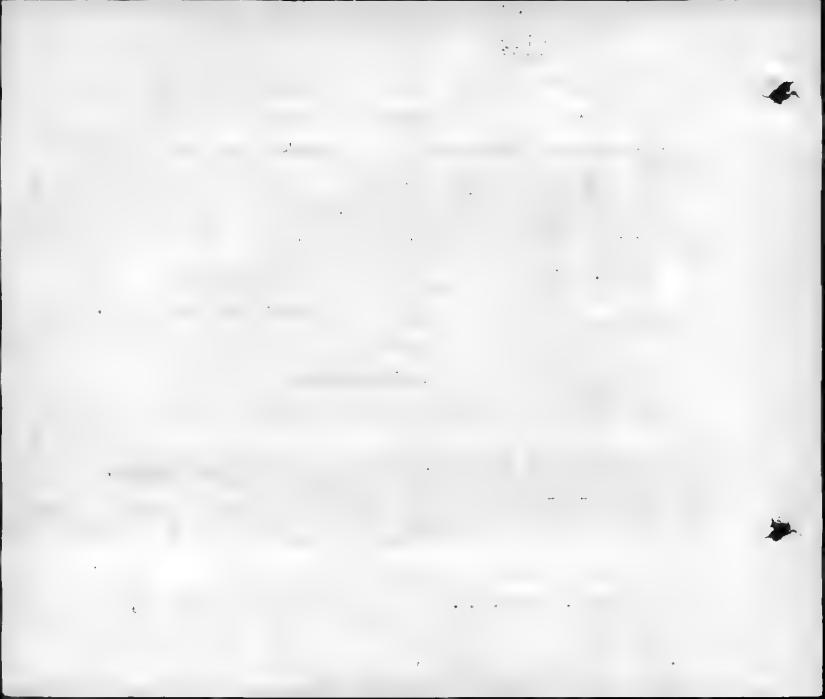
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, execute the certificate withing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director, a should be forwarded. The Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for your to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hor its designated agent, prior to burial, are martian, or removal, and in any event within 72 haurs after death

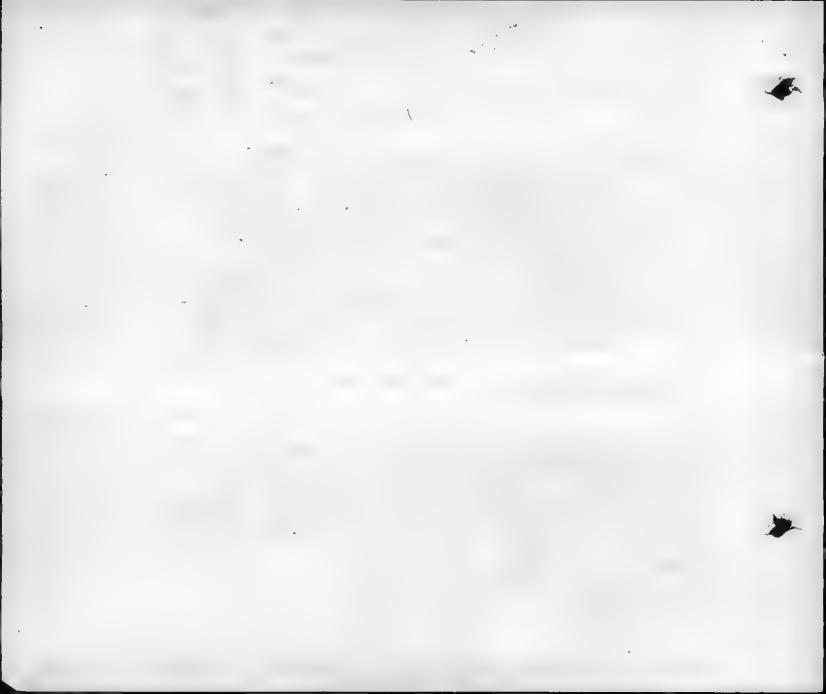
VS A15ME BM 2/57 TATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. NO 6081

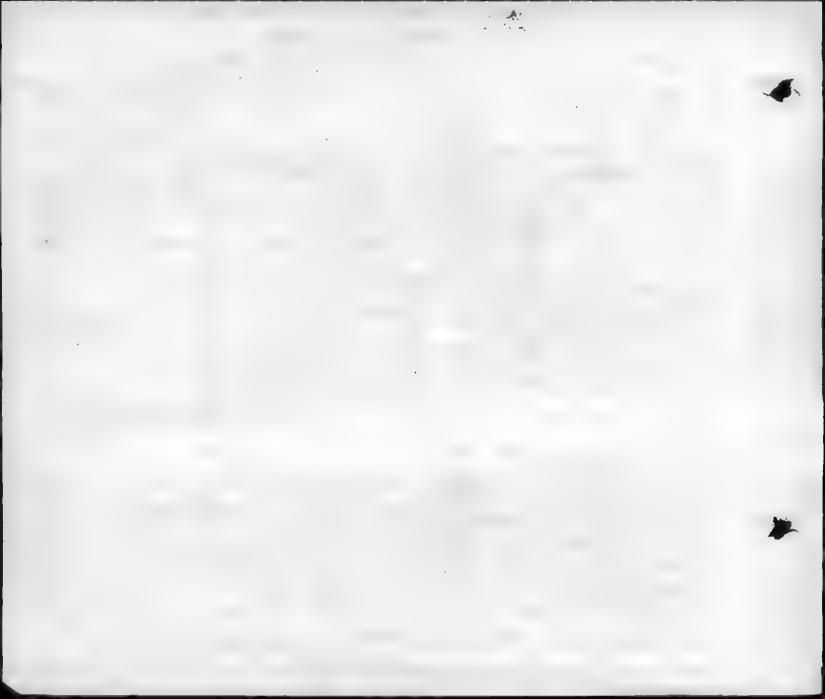
	20	P4					Reg. Dist. N	hogor
PLACE OF DEATH	-03	11		2. USUAL RESIDEN	CE (Where decease			fore adm ssion)
D. COO.W.	Prince 6	eorges	MARYLAND	o STATE ME	ryland	b. COUN	Howar	d
b. CITY OR TOWN and give nearest to	(Il syts de corporate limits, will e wn)	RURAL C. LEN	IGTH OF STAY IN 16			orale limits, write	RURAL and give	nearest town)
	heverly	1.	0 minutes	Le	aurel		1	
d NAME OF HOSP	ITAL OR INSTITUTION (II	not in hospital, gi	ve street address)	d STREET ADDRE	ESS			. IS RES DENI E
Prince	Georges Gen	eral Hos	pital	Allen!	Flaming	o Cabina	8	YES NO
3. NAME OF DECEASED	First	1	Middle	Last	4. DATE	Mon		Year
(Type or print)	Harold	Lloyd	Stine	tte	OF DEATH	May	19	19 58
5, SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED 3	DATE OF BIRTH		9 AGE (In years	IF UNDER TYEAR	T. T. S
Male	white	WIDOWED 🔲	DIVORCED 🔲	10-16-29		10st birthday) 28 yrs	Months Days	Haurs Min
100 USUAL OCCUPAT	10h (Give kind of work d	one 10b KIND OF	BUSINESS OR INDUST	RY H. BIRTHPLACE (Stote or foreign co	ountry)	12 CITIZEN O	F WHAT COUNTRY?
Technici	ng life, even if retired)	Elec	ctronics	Vir	ginia		71	SA
13. FATHER'S NAME				14. MOTHER'S MAID				-40
Glen	W. Stinett	e			Nellie	Guest		
15. WAS DECEASED E	YER IN U. S. ARMED FOR		SECURITY NO 17. II	VFORMANT	= 20	Address	_	
No. os unknown)	[If you, give wer or dotes at a	ervico) ?	M	ary Stinet	te: mame	address	20 # 2	
10 CAUSE OF DE	ATH [Enler only one cous	n per lun for (o)				-		PYAL BETWEEN
	ATH LEGIST ONLY ONE COUR	e per inte ror (o),	-				ONS	ET AND DEATH
0000	IMMEDIATE CAUSE (o)		Toxemia					
777.	DUE TO							
Conditions, if			Cyanide	poisoning				Part Addabilitation
(a), stoling the								
couse lost.	(c)_							
PART II, O'	THER SIGNIFICANT CONE	ITIONS CONTR BU	TING TO DEATH BUT N	OF RELATED TO THE T	TERMINAL DISEASE	COND TION GI		PERFORMED? YES NO
200, EXTERNAL CA	AUSE WAS		INJURY OCCURRED (E					
	1.	Deceased	i apparentl	y consumed	a solut	ion of c	yanide.	
20c. TIME OF INI	20 a a a a a a a a a a a a a a a a a a a		OCCURRED 20e PLA	CE OF INJURY (Home,	form, (20f. (City	er town)	(County)	(State)
9.30 P m			dot williams	ory, street, office bldg.	Laur	o] [loward	Maryland
21. I certify	that I took charge	of the remain				spection [2]		
	resulted from. N				, , , , , , , , , , , , , , , , , , ,		ermined mann	_
ACTUAL ()	-1 -00	1 //_						DATE SIGNED
SIGNATURE	ANNO A	alon	us .	, M. D.	AL EXAMINER	_		
EXAMINER'S			0		EDICAL EXAMINER			
	John T. Malo				CAL EXAMINER	M AATO .	19, 1958	3
REMOVAL CITY	22b DATE THE REOF 5/23/58		The OF CEMETERY OF C		22d LOCAT Brist	ION (City, lown,	or county) Ter	(State)
23. FUNERAL DIRECTO			ODRESS		REC'D BY REGISTA	AR 24b REGI	STRAR'S SIGNATU	RE
F. Gasch	's Sons	Hyattsv	ille, Mary	Land	€ MAY 2 € 15	18 1	1 /	





CERTIFICATE OF DEATH Reg. Dist. Np/ PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived (f institution: Residence before admission) b. COUNTY Prince COUNTY MARYEAND LOMOGI b. CITY OR TOWN (If outside corporate limits, wrife c. JENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town Ue als Oxon d. NAME OF HOSPITAL (If not in hospital, give street address) AL STREET ADDRESS e. IS RESIDENCE OR INSTITUTION hoeshone ceshone. YES I NO TO NAME OF Middle (Type or print) 5. SEX COLOR ON RACE 9. AGE fin fears HE UNDER TYEAR IF UNDER 24 HRS 7. MARRIED THE NEVER MARRIED lost birthday) Months & WIDOWED | on papers. death. DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if refired) Cruiti Committee Liday mas pou 13. FATHER'S NAME arian 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WIRIZ CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) OVOMENY DUE TO Conditions, if ony, which] gove rise to immediate **DUE TO** couse (a), stating the under-Tardio Vascular Diseam lying couse lost. PART 91. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while 21. I certify that I attended the deceased from 19 58 that I last saw the deceased and that death occurred at 2 M. fram the causes and on the date stated above. DIRECT O **FUNERAL** 220 BURIAD GREMATION, 226. DATE THEREOF 22c. NAMS, OF CEMETERY OR CREMATORY. 22d. LOCATION (City, Igwn, or county) VAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE AEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



06084

Reg. Dist. No.

١	PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE b. COUNTY
1	Prince George	Maryland Prince George
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)
l	Champely	X Navlor
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
1	Prince George General	YES NO D
1	3. NAME OF DECEASED Middle	Last 4. DATE Month Day Year OF
1	(Type or print) Baby Girl Thomas	DEATH May 11 1958
		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
1	Female White WIDOWED DIVORCED	May 11, 1958 yn 14/78 65
1	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU: during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
H	during most of working the, event is tentreed	Maryland Wasaka
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		to the trial of the total of th
	William A. Thomas	Josephine Thomas
1	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II	NFORMANT Address
ı	1	William A. Thomas Nevlor, Md.
ŀ	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (o)	received from
1	. DUE TO	(2) A 4 (i)
1	Conditions, if ony, which) (b)	Tressalleny premour
1	gave rise to immediate cause (a), stating the under-	
1	lying cause last.	
ı		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
1	NATION OF THE PROPERTY OF THE	PERFORMED?_
	10. ACCIDENT WAS UNDERLYING FT. 206. DESCRIPT HOW INDIVIDUO OCCURRE	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Port 11 of stem 18)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PL Hour a. m. p. m. 19 of wark at wark	ACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
1	Hour o. m. While Not while for	ctary, street, affice bidg., etc.)
ı	p. m. 19 at wark at wark	1 - 6 spe 14 - 6
1	21. I certify that I attended the deceased from	19 that I last saw the deceased
1	alive on May 14 1938, and that beath	occurred at 10:404 M, from the causes and an the date stated above.
1		ADDRESS (Street, city or lown, state) DATE SIGNED
1	SIGNATURE John () ()	5301 Hamilton St. We toull, my 5/14/
ı	SIGNATURE	MB
1	PHYSICIAN'S	, , , , , , , , , , , , , , , , , , , ,
ļ	NAME (Typh) Dr. John W Perkins	5301 Hamilton St., Hyattsville, Md.
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
	REMOVAL (Specify) 5/16/58 St. Petert	s Catholic Waldorf / 5 / Md.
1	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Upper	
	obbet	MAY 2 1 38 LOT EAUCE
1	Ritchie Bros. Funeral Home- Marl	boro/Md gate

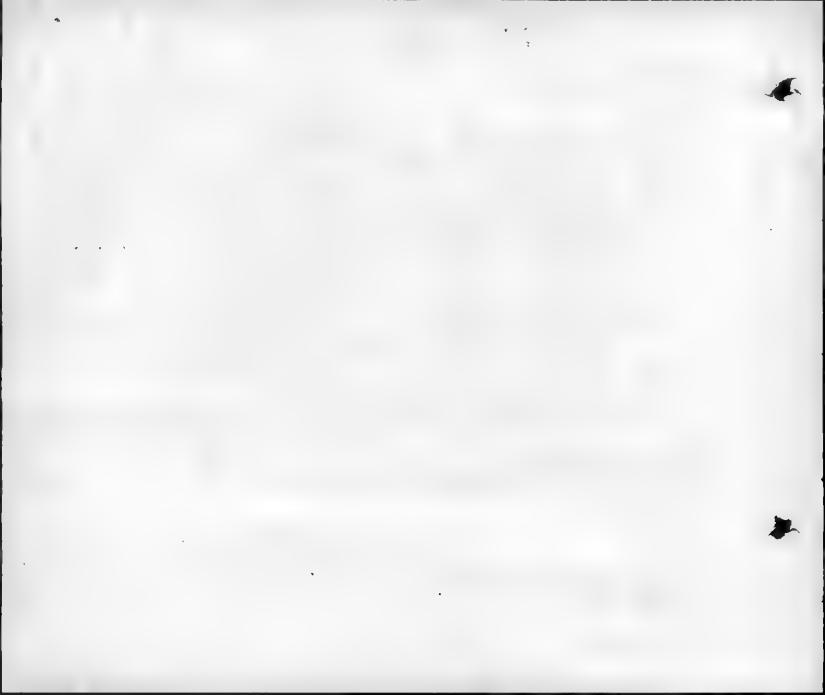
In by the funes and 2 should be law requires that the death certificate be executed within 24 haurs after deat pital or attending physician.
It this certificate him Reen signed by the offining physician and completely filled for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is cremotian, or remayal, and in any event within 72 hours after death. may be retained by the repair of polymers TO FUNERAL DIRECTOR:

page 3 should be detached for the registrar prior to buriol, cr N

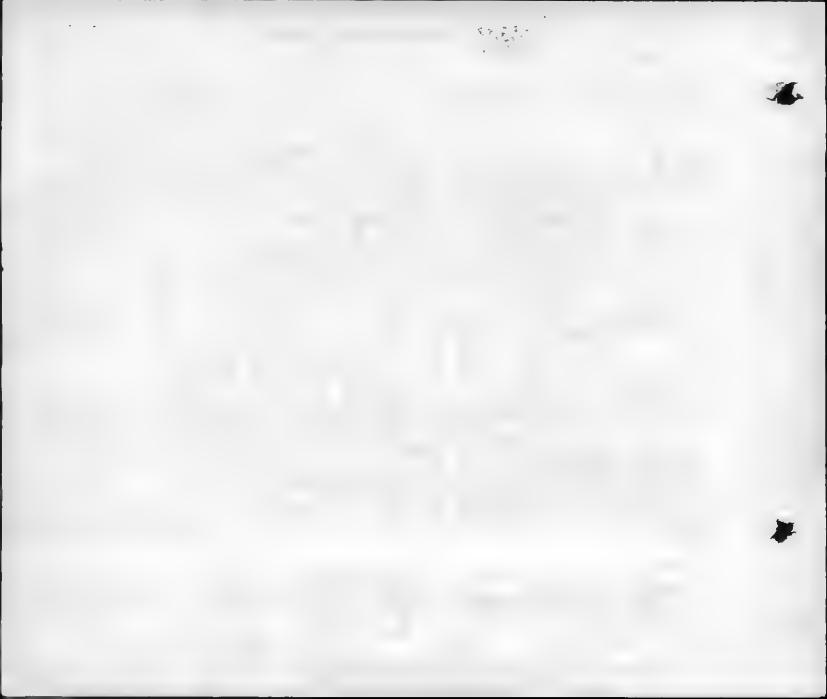
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VS A15 (4) 15M 10/57





F HEALTH—BALTIMORE, 18 RYLAND STATE DEPARTMENT O CERTIFICATE OF DEATH Reg. Dist. N 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH p. COUNTY b. COUNTY MARYLAND akuland RINCE eok b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If artiside corporate limits, write RURAL and give negrest town) RURAL and give negrest town). Xon Hi e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION YES Y NO Middle DATE NAME OF Lost Month Dav Year DECEASED DEATH 195 (Type or print) 67 9. AGE (In Yurars IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 5. SEX 7. MARRIED T NEVER MARRIED T lost birthday) Months WIDOWED V yrs. comple papers. 12. CITIZEN OF WHAT COUNTRY? 100, USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY | 11 SIRTHPLACE (State or foreign country) death. during most of working life, even if retired) pup poq ofter 13 FATHER'S NAME COR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 6511 Tucken kos.E INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 10 **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** 70 cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) [Stole] 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED (County) factory, street, office bldg, etc.) Heur a.m. While Not while at work at wark 19 5 Sthat I last saw the deceased 21. 1 certify that I attended the deceased from. A. M, from the causes and an the date stated above. and that death accurred DATE SIGNED ACTUAL SIGNATURE moy be retor PHYSICIAN'S NAME (Type) 220. BUR.AL, CREMATION, 22b. DATE THEREO! NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 246. REGISTRIN'S SIGNATURE ADDRESS EC'D BY REGISTRAR 240 VS A15 [4] ISM 9/S5 DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



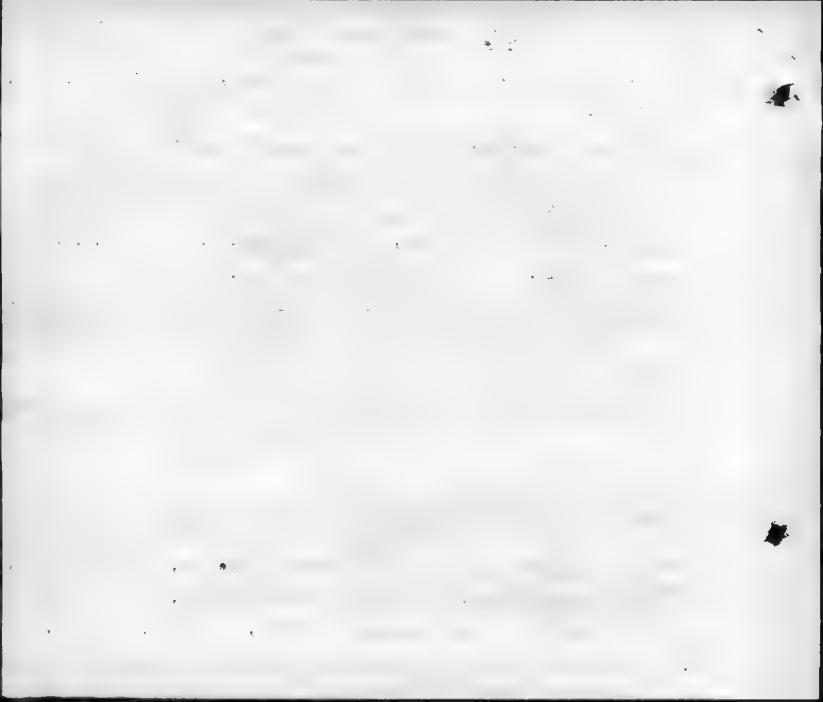
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06088 6975 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY Filed ,, MARYLAND Prince Georges. Maryland Prince Georges. b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly Cheverly. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION #d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NOT 5450 Newton Street 5450 Newton Stree Pub 2. NAME OF 4. DATE Middle Manth Year DECEASED OF DEATH (Type or print) Frank Waple 12th Mav 19 58 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours WIDOWED [7] DIVORCED T Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Paper. Presaman News Washington. D.C. U.S.A. carbon after 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME move Hours John Waple Marv Beah. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address ding 5450 Newton Street NOAR within 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO څ Ë Ony Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 17. WAS AUTOPSY PERFORMED? YES NOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f (City or town) (County) (Stote) foctory, street, office bidg, etc.) Hour o. m. While Not while at work 🔲 at work 📗 Thot I last sow the deceosed 21. I certify that I attended the deceased from and that death occurred of. M. from the causes and on the date stated above. ADDRESS (Street, city or town, stole) 5/12/59 ATE SIGNED DIRECTO ACTUAL SIGNATURE Baltimore Ave. Hyattsville, Md. should b FUNERAL I PHYSICIAN'S NAME (Type) eonerd Heves Same as Above. 22b DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) Burial Nat Cometary. Suitland. Maryland. 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR

Riverdale. Maryland

DATE MAY 1 4 '58

- ⊢ VS A15 (4) 15M 9/55

W.W. Chambers Co



Today of the control		TO FUNERAL DIRECTOR The this certificate has been signed by the attending physician and campletely filled in by the fune of director,	page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with	-
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,	may be retained by the pital ar attending physician.	2	Ā	the registrat prior to burial, cremation, or remayal, and in any event within 72 hours after death.
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VS A15 (4) 15M 10/57

	0.74						Reg. Dist, 1	No.	
1. PLACE OF DEATH O COUNTY	_		2 USUAL RESID	ENCE (Who	ere deceased	lived If institution	on Residence b	efore admiss	ron)
Prin		MARYLAND	Mar	yland		6. COUNTY	Prince	Georg	es
 b. CITY OR TOWN (If outsid RURAL and give nearest to 	s corporate fimils, write wn)	c. LENGTH OF STAY IN 16	c CITY OR T	OWN (If ou	itiide corpo	rote limits, write RI	URAL and give	nearest lown	0
Cheverly Md		12 years		Chev	erly	Md.			
of NAME OF HOSPITAL (IF n	of in hospital, give stree	oddress)	d STREET AL	DORESS				e IS RES	FARM?
3812 58th	avenue		3812	_58t	h ave	nue			NO 📑
3 NAME OF DECEASED (Type or print)	Jessie	June Warm	aster		4 DATE OF DEATH	Mon		. ,	Yeor
		RRIED NEVER MARRIED	8 DATE OF BIRTH		DEATH	9. AGE (in years	31,		19 58
	1,01,	VED DIVORCED	Dec 16,			lost birthdoy)	Months Day		Min
10a. USUAL OCCUPATION (GIV	e kind of work done 10t	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLA	ACE (Slote o	or foreign co		12 CITIZEN	OF WHAT	COUNTRY
during most of working life	even it relifed)	own home		Iowa			US	A	
13 FATHER'S NAME		VIII HOME	14. MOTHER'S	MAIDEN N	AME				
Geor	rge Scott			Mar	y Ser	ibner			
15 WAS DECEASED EVER IN U.	S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT			Addr	ess		
traction or someoning the year gr	D.O.	none M	rs Franc:	is Ly	nch	Chever	Ly Md.		
18. CAUSE OF DEATH [Er			100 - 1			ceubra	Viit II	NTERVAL BE	TWEEN
PART I, DEATH WA	CAUSED RY.	Rebro Vas	colar	act.i	dano	6 . 1 .	1/10	NSET AND	DEATH
4437	DUE TO			2001	(1 00)/	7 14100	ZH I CHUMP	3,7,0	W #1 \
Conditions, if ony, wh	ich) on Ed	RABIAD AZ	teriosi	100	na 5 i	2	1	las les	
gove rise to immedia couse (o), stating the und				1 3-7	0 07			, ,	1 10-6- 11
lying couse lost.	(c) /	user lensin	e cardo	0 .Ve.	Seul	los di	SPRSA	Wirh	mu
PART 11. OTHER SIG	VIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMIN	AL DISEASE	CONDITION GIV	EN IN PART 1(o		AUTOPSY
5								YES []	RMED?
PART IL OTHER SIG	ISE OF DEATH !	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in Po	ort I or Port	II of item 18.)			
	L EXAMINER)								
20c. TIME OF INJURY Mon	th, Doy, Year 20d. While		LACE OF INJURY (Hoctory, street, office	lome, form,	20f. (City	or town)	{Count	ly)	(Stole)
ž p. m.		ork of work		order arest					
21. I certify that I a	ttended the decea	sed from Aug	1948	, to/	yan	19.5 8	that I last	saw the	decease
alive on May	26, 12	5-6, and that deat	h accurred at_	12 40 A	M, fram	the causes a	nd an the c	late state	d abave
P	. (n.		A	DORESS (Str	reel, city or town, i	stote)		TE SIGNE
SIGNATURE TALL	une-/	Munhay	M.D 2///	80	12101	2011	12 27	100	
PHYSICIAN'S NAME (Type)	U	/				C			
220 BURIAL, CREMATION, 226 REMOVAL (Specify)	DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY.		22d. LOCAT	ION (City, town, o	r county)	(State	1)
Burial	5/2/58	George Jash			Hyat	tsville	Md.		
23. FUNERAL DIRECTOR'S SIGNA	_	ADDRESS	-	24a. REC'D	BY REGISTI		TRAR'S SIGNAT	TURE	
F Gasel	r's Sons I	Ivattsville M	4.	DATE . HIT	V 6 'E	8 04	1 -	-	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the passitial or attending physicion.

TO FUNERAL DIRECTOR or the passitial or attending physicion.

TO FUNERAL DIRECTOR or this certificate has been signed by the ottending physicion and completely filled in by the functionary director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55

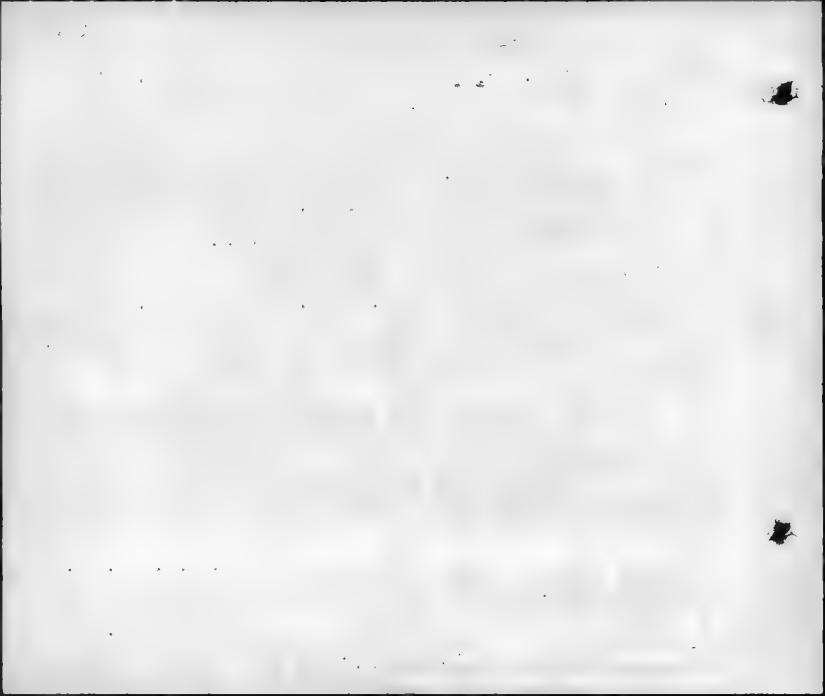
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

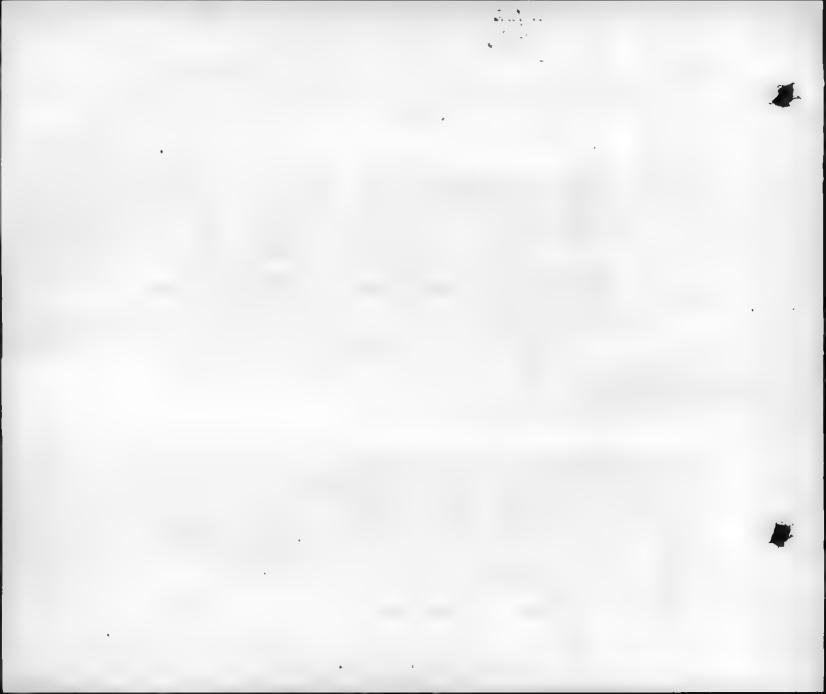
5105 CERTIFICATE OF DEATH

06090

Reg. Dist. No.

1. PLAC o. CC	e of DEATH DUNTY rince (George's Co		MARYLAND	2 USU 0. S	Marylen Marylen	ere decease	d lived IF institut b. COUNTY	on Residence	before admi	ision)
RU	IY OR TOWN (RAL ond give n .inton	If outside corparate limi earest lawn)	its, write	c. LENGTH OF STAY IN 16	11	linton	outside corpo	prote limits, write F	URAL ond giv	ve riegrest tov	(n)
d. N/ OR	AME OF HOSPI INSTITUTION Brace	TAL (If not in hospite), q lley =ane	give street	oddress)	d. !	Bradley	Lane			ON	SIDENCE A FARM?
3. NAM DECE. (Type	E OF ASED or print)	WILLIAM	rst	Middle E .	WILE	Lost	4. DATE OF DEATH	Mor	6th	Doy	Year 19 58
5. SEX	.е	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED D	_	of Birth 12th. 18	92	9. AGE (In years last birthday) 00 yrs		YEAR IF UNE	
Re	etired	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU Plumber	STRY 11	Washin t	or foreign o	ountry)		EN OF WHA	T COUNTRY?
	ER'S NAME					OTHER'S MAIDEN N					
	lwin F.					ısan Harri	8				
15. WAS (Yel. no. s		FR IN U. S. ARMED FOR (If you give wor or dates of a			nforma	hel I. Wi	ley	Same As 7	15	Wife)
Co go cou lyin	A 20.0 anditions, if o we rise to i use (o), stoting ng couse lost.	the under-	Ar	gestive Hear						B T e a	wa.
CERTIFICATION OU CILE	COALL MACCIDENT W	W-VARCUL	ar	CONTRIBUTING TO DEATH BUT COCCULO TO DE CRIBE HOW INJURY OCCURRE	oc. L	955			VEN IN PART 1	(e) 19. WAS PERFO YES	ORMED?
	TIME OF INJUR Hour o. j., p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes 19	or 20d. While of wor	Not while for	ACE OF I	NJURY (Home, form let, office bldg., etc.	20f. {City	or town)	(Co	unty)	(Stote)
oliv ACT SIGN	VAL NATURE	where D. D.	12	Se, and that death	occuri		_M, from ADDRESS (S	n the couses of treet, city or town,	and on the	date stat	ed above. ATE SIGNED
22o. BUR REA	CONTRACTOR	May 9th		22c. NAME OF CEMETERY O	eme to	ry		tion (City, town, tland, 11		(Sto	le)
23_FUNE	RAL DIRECTOR	S SIGNATURE	4.	ADDRESS Good Ho	e Rd	SE DATE	BY REGIST	RASS 245 REGI	STRAK'S SIGN	IATURE	





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5106 Reg. Dist. No. () [] 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) .. COUNTY Prince George b. COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give negrest_lown] andover Hills d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 00 OR INSTITUTION Marywood YES NO NAME OF 4. DATE Middle Lost Month Day DECEASED OF DEATH Robert Holmes Wistling May lst (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Months Hours Male White DIVORCED [7] WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Stationary Salesman Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Wistling Mary Pollock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Doroth Wistling Same as es 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> Bronchiogenic Carcinoma PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 上 DUE TO duy permit. Conditions, if any, which (b) has been signed gove rise to immediate **DUE TO** cattle (a), stating the underlying couse lost. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10:119, WAS AUTOPSY CERTIFICATION PERFORMED? YES | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) factory, street, office bldg., etc. Hour o. m. While Not while of work of work p. m. 5-2-21. I certify that I attended the deceased from that I last saw the deceased 9 alive on 58 and that death accurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote)

Maloney

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

22b. DATE THEREOF

ON A FARM?

Yeor

19

58

NO A

(Stote)

(Style)

71st ave Landover

24a, REC'D BY REGISTRAR

#2d. LOGATION, (City, town, or county)

Ave Landover Hills, Md

245. REGISTRAR'S SIGNATURE

DIREC should pode 0 VS A15 (4) 15M 9/55

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

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ADDRESS

Riverdale. Md.

O HOSPITAL poge 0 VS A15 (4) 1SM 10/57

Company,

23. FUNERAL DIRECTOR'S SIGNATURE

W.W.Chambers

24p. REC'D BY REGISTRAR DATE

Silver

24b. REGISTRAR'S SIGNATURE

